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SENSE FINE A. HOME 202 SEFENE ST., CART.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR I. DECEASED NAME DATE KNOWN 7b. HOUR (TYPE OR PRINT) ESTI-Robert 11-8-79 Badgley DEATH MATED 1 a M 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5 DATE OF BIRTH 2d. HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White 11-8-79 19 DEAD JUNE 15 1912 ll am To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Allegany WEST VIRGINIA WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Cumberland SHOULD BE R USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Cumberland Maryland Allegany 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 YES A Baltimore Avenue NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST OF VIT DELLETT BADGLEY **JEAN** GRANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) PAUL MCFARLAND 21 POTOMAC AVE RIDGLEY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Thrombosis. Hours IMMEDIATE CAUSE (o). DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which Sclerosis Coronary gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. 301 080 DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) MEDIC OF HEALTH 4 CERTIFICATION Cardiac Hypertrophy: Previous old left Myocardial Infarctions 190 DATE OF OPERATION 20. AUTOPSY? TO BURIAL. E 3 SHOULD BE LE DEPARTMENT OF PRIOR TO BURIAL YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 213 22th I certify that I took charge of the remains described above, held on Autopsy Natural causes Suicide Undetermined monner TITLE (SPECIFY) Deputy 11-8-79 MEDICAL EXAMINER EXAMINER'S NAME Benedict Skitarelic, M.D. R#9, Cumberland, Maryland 21502 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL 11-11-1979 PHILOS CEMETERY WESTERNPORT ALLEGANY MARYLAND BP. 250. DATE REC'D. BY REGISTRAR 1356. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 LEASURE-STEIN FUNERAL HOME, INC. CUMBERLAND (VR A15 ME (5)) 15M7/77

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SI	X 4. RACE	S DATE OF BIRT		EARS IF UNDE		HRS. 24. DATE	HTMOM	DAY YEAR 2d H
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F	BIRTHPLACE (STATE OR OREIGN COUNTRY)	14 100 100	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH
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(	CITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING HOM			2a USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK	12b. KIND OF BUSINES OR INDUSTRY
CI	Frostburg  AL RESIDENCE (IF IN NURSING HOA		Braddock		t	FOR MOST OF WORKING LIFE) HOUSEWIFE	Ovr	n Home
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14.1	ATHER'S NAME FIRST	MIDDLE	LAST	15	5. MOTHER'S MAIDEN	NAME	0	LAST
14-	John WAS DECEASED EVER IN U.S.		Manning 166. SOCIAL SECURIT	NAIO 13	Mary	ADDRE	Lann	.on
100.		IVE WAR OR DATES)						
_	No		495-50-5	709	Mrs. Mary	0 Rourke,	Fros	
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one cause per I SED BY:	ine far (a), (b), and (c).)			û	C 18	APPROXIMATE INTERVI
	IMMED	IATE CAUSE (a)	OR AS A CONSEQUENCE	0.5	Corona	ry Ocelusio	n	Sudden
	Conditions, if any, whi		OR AS A CONSEQUENCE	OF		G.7		
	gave rise to immedia cause (a) stating the und	ote (b)	OR AS A CONSEQUENCE	05	Coronal	ry Sclerosi	. S	
	lying cause last.	Si Doe 10, t	OR AS A CONSEQUENCE	OF				1 2 8
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1 X	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH OPER	RATION WAS	PERFORMED?	131-10-1-10	The Ling	20. AUTOPSY?
E								YES NO
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	UNDERLYING OR CONTRIBUTING CAUSE C		P.M. 19					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE		E OF INJURY (AT HOME,	21f. LOCA		CITY OR TOWN	COUN	NTY ST
2	AT WORK AT WORK			JIKE		CIT OF TOWN	COUR	51
	22s. I certify that I taak cho	arge of the remains o	described above, held an	Autopsy	, Inspection	Inquiry X	and in my apir	nian
2		itural causes X		vicide		Undetermined manner	],	
	n		1/1	1	TITLE (SPECIFY)			
	ACTUAL SIGNATURAL SIGNATURA SIGN	dect Si	Estarely	M.D.	Deputy	_MEDICAL EXAMINER	DATE	11#10-7
	EYAMINED'S NAME -							
	(TYPE OR PRINT) Ber	nedict S	kitarelic		DERESS RD 9			
23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR C	CREMATORY	23d. LOCATION CITY OF TOWN  Py Frostbur	COUNT	Y STATE
	Burial	Nov.131	79 St. Mi	chael	s Cemete	ry Frostbur	g, Al	leg., Md
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To DECEASED NAME   THE STATE	1 -						, ,	20	4 2 4
Harry Lester Browning    Harry Lester Browning				IV			KEO		
A RACE  March 12, 1891  15 DATE OF BIRTH W W March 12, 1891  16 BIRTHPLACE (STATEOR MARCH 12, 1891  17 BIRTHPLACE (STATEOR MORNING)  18 BIRTHPLACE (STATEOR MORNING)  18 DATE OF BIRTH MORNING MORNING 12, 1891  18 BIRTHPLACE (STATEOR MORNING)  19 BOTH PLACE (STATEOR MORNING)  10 CUIZEN OF WHAT COUNTRY?  10 MARCH 12 DAYS MARRIED D NOORCED  11 MARCH 12 DAYS MORNING  12 SATISTITUTION  13 DATE OF BIRTH MORNING  14 MARCH 12 DAYS MORNING  15 MARCH 12 DAYS MORNING  16 LICIZEN OF WHAT COUNTRY?  18 MARCH 12 DAYS MORNING  18 MARCH 12 DAYS MORNING  19 BALTIMORE CITY OR COUNTY  19 BA			WE	ry Lester		LASI	OF ESTI- DEATH MATED	* 11/1°	
M W March 12, 1891 88/RS  BIRTHPLACE (SIATEOR DECONOMEN)  Maryland  II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION  BOTHOR TOWN OF DEATH  III. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION  Cumberland  Memorial Hospital—DDA  USUAL RESIDENCE (# INNURSHICH ONCE OF HER PRITUTION, ORM RESIDENCE BY A REPORT OF WORK	3. SE	X		5. DATE OF BIR	TH 6. AGE (IN YEAR			MONTH D	DAY YEAR 2
Maryland  B CITY OR TOWN OF DEATH  Cumberland  Memorial Hospital—DOA  SULA RESIDENCE (# IN NUMBERS HOWE OR CHEE INSTITUTION IN PART   10 PRESIDENCE STORE ADMISSION)  Memorial Hospital—DOA  SULA RESIDENCE (# IN NUMBERS HOWE OR CHEE INSTITUTION IN PART   10 PRESIDENCE STORE ADMISSION)  Memorial Hospital—DOA  SULA RESIDENCE (# IN NUMBERS HOWE OR CHEE INSTITUTION IN PART   10 PRESIDENCE STORE ADMISSION)  Memorial Hospital—DOA  SULA RESIDENCE (# IN NUMBERS HOWE OR CHEE INSTITUTION IN PART   10 PRESIDENCE STORE ADMISSION)  Memorial Hospital—DOA  Sul RESIDENCE (# IN NUMBERS HOWE OR CHEE INSTITUTION IN PART   10 PRESIDENCE STORE ADMISSION)  Memorial Hospital—DOA  Sul RESIDENCE (# IN NUMBERS HOWE OR CHEE INSTITUTION IN PART   10 PRESIDENCE STORE ADMISSION)  Memorial Hospital—DOA  13. MOTHER'S MADEN NAME  MODIE  LAST  Committee Advance Date or Committee In Number			122	March	12. 1891 88 R		DEAD		
Cumberland  Memorial Hospital—DOA  Self Employed Farmer  USUAL RESIDENCE (# IN NUMBING HOME OR OTHER PASTITUTION, GNY RESIDENCE RETOR ADMISSION) 10s. STATE 10s. COUNTY 10s. C	70. E	SIRTHPLACE	(STATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED   NEVER MARI	RIED 9 BALTIMORE CIT	Y OR COUNTY C	OF DEATH
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Unknown   Independent   Inde	10.0	ITY OR TOWN	OF DEATH	11. NAME OF H	IOSPITAL, NURSING HOME, H FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)		OR INDUSTRY
DISCOUNT OF TOWN  Maryland  Allegany  Cumberland  Cumberland  Is. CITY OF TOWN  Teshack Browning  More Head of Town  Cumberland  Is. CITY OF TOWN  Cornelia Wilson  Is. CITY OF TOWN  Cornelia Wilson  Is. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  Cornary Colusion  Immediate Cause (a) Cornary Sclerosis  Cornary Sclerosis  Due To, or as a Consequence of Constitution for which operation was performed?  If. Date of operation  If. Date of Date of operation  If. Date of ope				Memoria	al Hospital-D	OA	Self Employe	ed Farmer	r
14. FATHER'S NAME   MIDDLE   LAST   IS. MOTHER'S, MAIDEN NAME   MIDDLE   LAST									
Medical Serving  Weshack Browning  186 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  Unknown  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1 DEATH WAS CAUSED BY.  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 DIFFE SIGNIFICANT CONDITIONS CONTRIBUTIONS	1	Marylar	Id Al	llegany	Cumberland	YES NO 5	Route 2		
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Unknown    18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Coronary Occlusion     Conditions, if any, which gave rise to immediate cause (a) stofting the underlying cause last.   Out TO, OR AS A CONSEQUENCE OF     Coronary Sclerosis     DUE TO, OR AS A CONSEQUENCE OF     Coronary Sclerosis     DUE TO, OR AS A CONSEQUENCE OF     Out TO, OR AS A CONSEQUENCE		Mesh	nack Brov				lia Wilson		1 1 1
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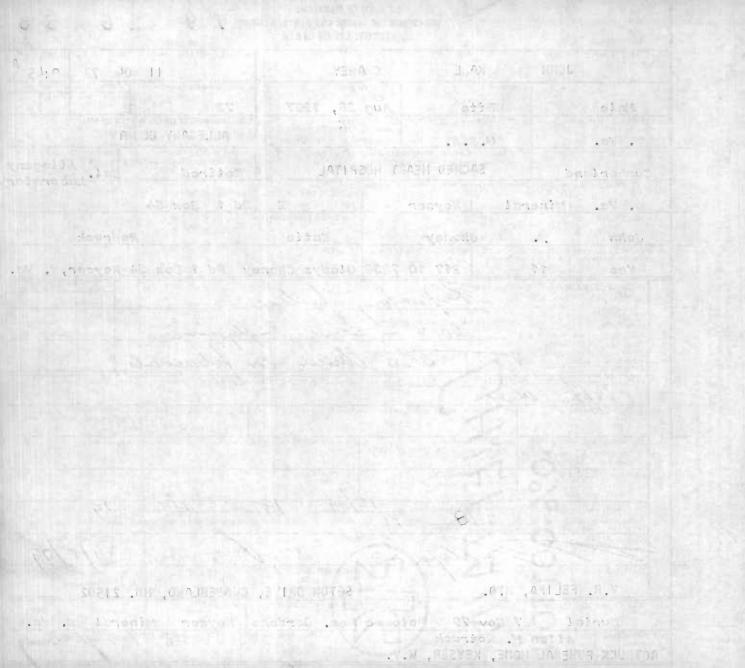
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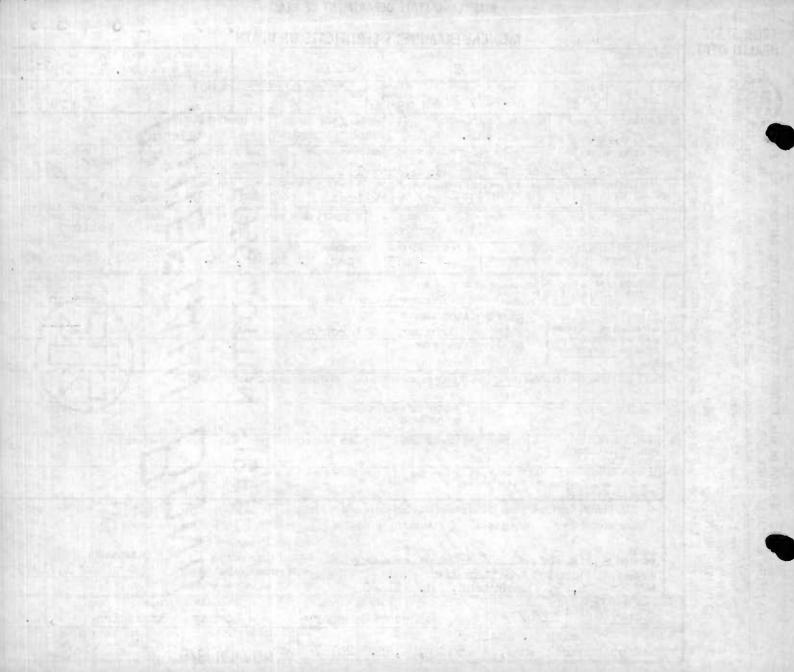
7		1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7 9	2 6	6.3	5 8
* (M	1	I. DE (TYPE	CEASED NAME FIRST JOSEF	РН	WILLIAM		CLICK	20 DATE OF DEATH	11 02	79	26 HOUR 1:05
ge 4 moy	1	3 SE	x Male	4 RACE White		S. DATE C	DF BIRTH 5-15-1915	6 AGE (IN YEARS LAST BIRTI	HDAY) IF U	NDER I YEAR	HOURS MIN
eoth. Pog neral dire	35 ouce	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		DEATH	,
is ofter d by the fu filed with	horifred		mberland	11. NAME OF	HOSPITAL, NURSII	T ADDRESS)	HOSPITAL	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retired Mi	F WORKING LIFE)	Coal	Ind.
hin 24 hour sly filled in should be f	and the state of t	130		Llegany	N. GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 105 Wes	t First		
ted within ompletely ond 2 sh	Scomine 11	14. F/	ATHER'S NAME FIRST  Elic	k Click	LAST		15. MOTHER'S MAIDEN NA	Mary Carter		LAST	
be execut on ond co	medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECT	URITY NO.	Mrs. Pearl	Click, Cumb			Wife Wate Interval
ow requires that the been signed by the mit. Then please ren prior to burio!, crem	ony injury, or other	ATION	gove rise to immediate couse (a), stofing the underlying cause last PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION	DUE TO, C	CONTRIBUTING TO		NOT RELATED TO THE TERM	VINAL DISEASE OR CONT	20b. IF YES, W	ERE FINDIN	IGS USED
The le	18 shows	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	F DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN YES [		OF DEATH?
G PHYSIC offending or this cer s the burio	ked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE	P.M. OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
ATTENDIN ospital or CTOR: Aft d for use of	21 is mor		22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	on	19		, 19, 19	deoth accurred on the do	19_ ite and haur an		that (I) (we) la
the horal DIRE	IT. If Hem	5.1	22b. SIGNATURE	71	ach		DEGREE ATTENDING PHYSICIAN	MILICAL STAP		NOL	SIGNED
O HOSPITAL etained by th TO FUNERAL should be detrough the Stote	MPORTAN		220 PHYSICIAN'S NAME (TO				FROSTRURG	MD 21522			
BP De De	₹		Burial, CREMATION, REMOVE Burial	23b. DATE 11-5-			emetery or crematóry ricks Cemeter	23d LOCATION city or town y Mt. Sava		Alle	
DHMH - 16 50M 7/7 (VR A 15 (4))	77	24. F	UNERAL DIRECTOR CARPELL I FUNE	RAL HOME,	CUMBERLA	ANDM,	MD. 21502	vovo y 1979	25b. RECOSTRAC	JAN TO	Guerry

8 - 1:1 8 - 2 3 1 1 1 A CONTRACTOR OF THE SECOND SEC Hele Unite Lowells, 1979 The D Y ALLEY A THE STATE OF TH A.M. A. Free Company .t. tark to the majored braining the bear major to lict Whom MY H J. EER, N. B. PROST WHICH MY 21532

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SSARPELL FREEDA, HOLS, CHARRENCHISK, NO. 21502

MARYLAND STATE DEPARTMENT OF HEALTH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a, DATE KNOWN Month Day ESTI-(Type or Print) CHARLES CORBIN Nov. 1 HIGH DEATH MATED IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX Male White Jan. 17, 1906 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH U. S. Item 18. Give Pages 1, Office alang with farm Allegany WIDOWED | DIVORCED W, Va. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Rawlings: Cumberland street oddress) during most of working life, even if retired.) Self 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany admission) STATE Rawlings Rt. 6, Box 151 YES NO X and 2 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Wolford Corbin Senia Mae Jobe pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 301 W. PRESTON STREET, Paerl G. Corbin, Rt. 6, Box 151, Cumberland (Yes, no, ar unknawn) (If yes give war or dates of service) 220-12-4673 ansit permit. File event within 72 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (0) Coronary Occlusion Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) burial-transit Sclerosis Coronary rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF the ward stating the underlying couse = DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) crematian preemoval. 19a. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗍 execute the certificate, 3 should be should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry XI, and in my opinion for prior ta burial, death resulted fram: Natural causes X Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED Lele /M.D. ASSISTANT MEDICAL EXAMINER November 1, 1979 DEPUTY MEDICAL EXAMINER Benedict Skitarelic M.D. ADDRESS(Street, city, town, or county) 21502 Rt. 9, Cumberland, Md. the 5 m 5 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Ebenezer Cemetery Romney Hamoshire W. Va. 24. FUNERAL DIRECTOR Keith S. Shaffer ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Shaffer Funeral Home, Romney, W, Va. 26757



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		FOR - STATE			DEP	ARTMENT O	F HEALTH	ARYLAND AND MENTA		ENE 7 9	2	6 4	6 1
		REGISTRAR				CERT	IFICAT	E OF DEATH		REG. N	0.		
		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST			2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			CHAR	LES	Pernal	CO	X			NOVEMBER	25.	1979	1:00PM
	3 SE			4 RACE			E OF BIRT			AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS
		Male			ite	Ve	2. 11	, 1896 A		82	YRS	MONTHS DAYS	HOURS MIN
35	.7a BI	OUNTRY) W. Va.			S. A.	MAR	RIED X	NEVER MARRIE		BALTIMORE CITY O		OFDEATH	440
	10 C	ITY OR TOWN OF DE		II. NAMEO	HOSPITAL, NU	IRSING HOM			N	120 USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
50		UMBERLAN	- 46		UCH FACILITY, GIVE S			ORIAL	Hos	Ret. Wat			O. Rwy.
85	130. 3	AL RESIDENCE (IF NUR STATE W. Va.	136 COUN	TY	13c CITY OR Ridge	IOMN	13d. IN		ΣX.	Rt. #2 Old	Fwin	ace Rd.	
29	14. F/	John	^	MODLE	Cox		15. M	ELIZA				Han	mon.
7	16a V	WAS DECEASED EVER			166 SOCIAL	SECURITY NO	). 17. IN	FORMANT		ADDRE	SS		
5	(	Yes, no or unknown)	0.1	WAR OR DATES)	705-09	7-7015	Mt	s. Vera	ie N	. Cox Rt.	# 2 R	267 idaeleu	
	CERTIFICATION	PART I. DEATH V  Conditions, if any gove rise to im cause (a), stati underlying coust  PART 2 OTHER SIG	was caused IMMEDIATI  I, which mediote ng the e lost  NIFICANT C	DBY:  E CAUSE (0)  DUE TO,  (b)  DUE TO,  (c)  ONDITIONS	OR AS A CONSI	EQUENCE OF	UT NOT R	lero	E TERMIN	NAL DISEASE OR CON	20b. IF YES	9-0	NGS USED
2	TIF	فالقراصة								YES NO X		S 🗌	NO [
9	EDICAL CE	21a ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR .	OF INJURY A.M. MONTH P.M.	DAY YEA	AR 9		CCURRE	D (ENTER NATURE OF HUJUI	RY IN ITEM 18, P	PART 1 OR PART 2)	
	WED	21d INJURY OCCUR	HILE [	(AT HOME,	E OF INJURY STREET, FACTORY, OF	FICE, FARM, ETC.)	21f L	OCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		22a I certify that (I sow the decease above, (I) (we) ( 22b. SIGNATURE				0/	and that		60 pinion de	to to	-		
		Circle	le 1	20	eee c	w.V.		ATTEND PHYSIC		MEDICAL STAI	IAN 🗌	u	26/29
1		DR. G.			IMMELV	VRIGHT		ADDRESS	CUM	VIRGINIA BERLAND,			
	23a. E	BURIAL, CREMATION	REMOVAL	23b. DATE	AMES	230 NAME OF	CEMETE	RY OR CREMAT		23d. LOCATION			
	(	Burial		11/28	/79	Fort A	shby	Cem.		Fort Ashb	u. Mi	reral Co	o. W. Va
	24. FU	UNERAL DIRECTOR					21500	25	a DATE	REC'D. BY REGISTRAR	25b. REGUS	RANG SIGNA	Wheeler
	H.	Wayne Ge	orge 2	02 Gre	ene St.	Cumbe	rland	l, Md.	N	OV 3 0 1979	Por	7	1

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COX ME. P. 2 RELEGIES., No. 4.	Ivs. vergie II.	705-09-7015	t ·	1
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	fter deoth. Page 4	the funeral director I within 72 hours aft	fied at once
TAKTLAND 21201	d within 24 hours o	apletely filled in by and 2 should be filed	dicol examiner must be patified
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after the state Dept. of Health and Menial Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be patified in once
V. PKESTON	s that the death ce	ed by the attending pleose remove carbi riol, cremotion, or r	or other troumotic
VII AL KECOKDS, 2	N. The low require	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	18 shows ony injury.
DIVISIONOL	ENDING PHYSICIAL	18: After this certificate as the buriol-tr Health and Mentol	is morked ar Item 1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.	FUNERAL DIRECTC	ORTANT: If Hem 21
	TO P	Shou	- IMP

	1-	STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. NO	o.		
1)		CEASED NAME OR PRINT)	FULLE		AIDDLE	DAVI	S S	is brite of beriti	MONTH DAY	YEAR 79	26. HOUR 10:27 PM
	3. SEX	IALE		4 RACE WHI	TE	JULY	8, 1903 YEAR	6. AGE (IN YEARS LAST BIRT	MDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN
5		RTHPLACE (STATE OR DUNTRY) RYLAND	FOREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O ALLEGANY			MD.
0	965	TY OR TOWN OF DI	EATH		OSPITAL, NURSING		TAL	120. USUAL OCCUPATION OF BOILER RE	ON E WORKING LIFE) OOM	INDUSTRY CEL	ANESE
5	13a. S	L RESIDENCE (IF NU I A IE LARY LAND	13b COUP	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 131 CITY OR TOWN FROST BU		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	IN STRE	ET	
0	14. FA	THER'S NAME FIRST  JOSEPH		MIDDLE DA	VIS		IS MOTHER'S MAIDEN NAME	WIDDLE	KIR	K	ŧ
1		AS DECEASED EVE es, no or unknown) NO		MED FORCES? E WAR OR DATES)	217-10-4		MRS. NORMA BO	ADDRE OSLEY. CRES	AP TOWN.	MD.	
	NOI	Conditions, if on gove rise to in couse (D), statu underlying cau	ny, which mmediate ting the use lost	(b)	RAS A CONSEQUE  RESCONSEQUE  RESCONSEQUE  ONTRIBUTING TO D	NCE OF	evidoni de Verbic	inal disease or coni	DITION GIVEN	2 C	don
9	CERTIFICAT	190 DATE OF OPER		19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
9	MEDICAL CERT	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DE		M. MONTH DA	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
	ME	22a.1 certify that		ital) attended the		11	STREET 19 0	, to	. 19		that (I) (we) lost
	- 757	sow the deceded bove, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S 1	NAME (TYPE C	or PRINT)	ofter death.		220 ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN [	224. DATE	SIGNED 26)1979
	23a. B	URIAL, CREMATION		23b. DATE NOV. 29	23 c. N	AME OF C	915 SETON DE EMETERY OR CREMATORY EMORIAL PARK	23d. LOCATION CITY OF TOWN FROSTBU	RG, MD.	YTY	STATE
	24. FU	INERAL DIRECTOR					250. DATE	REC'D. BY REGISTRAR	256. REGISTRAR	'S SIGNAT	URE

24. FUNERAL DIRECTOR
DURST FUNERAL HOME, 57 FROST AVE., FROST BURG, MD DECO

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR STATE		DEP		F MARYLAND LTH AND MENTAL I	HYGIENE 9	2646	al
REGISTRAR  1. DECEASED NA		MEDIC		S CERTIFICATE (	KEG. N		
(TYPE OR PRINT)	Will			elhauser	20. DATE KNOWN ( OF ESTI- DEATH MATED (	11-21-79	26. HOUR 6:40
3. SEX Ma le	White	5. DATE OF BIRTH MONTH DAY Y	I AGE (IN YEARS I			MONTH DAY YEAR	2d. HOUR
7a. BIRTHPLACE		06-06-1	TRO.	V	DEAD	11-21-79 OR COUNTY OF DEATH	6:40
FOREIGN COUNTR	nd	USA	M	ARRIED NEVER MARK	IED LJ	egany	MD.
Cumber		Sacred	NURSING HOME, OR GIVE STREET ADDRESS! HO	other institution spital	Retired Supt	OR INDUSTR	RY
13Maryla	ind 135 Sole	r other institution, give resi TY gany	DENCE BEFORE ADMISSION) CITY OF TOWN umberland	13d. INSIDE CITY LIMITS? YES NO	9E First	Postal Street,Cumb	Dept erla
14. FATHER'S NA		MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST	
Iéa, WAS DECEA	SED EVER IN U.S. ARA	Deatelhaus	er SOCIAL SECURITY NO.	I7. INFORMANT	A. Wright	S	
(YES, NO, OR UNK		WAR OR DATES)		Mrs. Don	othy Deatelhau	ser.Cumberlan	d.Wif
18. CAUSE PART I		y one cause per line far (c ) BY: 'E CAUSE (a)	1), (b), and (c).)Cor	onary Thr	ombosis	APPROXIMATE BETWEEN ONSET Sudde	AND DEATH
Candi	tians, if any, which		CONSEQUENCE OF C	oronary S	clerosis		-
cause	rise to immediate (a) stating the <u>under</u> cause last.	DUE TO, OR AS A	CONSEQUENCE OF				
	cardiac	Hypertro	T RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PA	ART 1 (a).		
IPG DATE (	OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	N WAS PERFORMED?		20. AUTOPSY?	NO []
UNDERLYII CONTRIBU	NAL CAUSE WAS NG OR ITING CAUSE OF D	216. TIME OF INJU HOUR A.M. MO DEATH P.M.		. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM II	8 PART 1 OR PART 2)	
2 Id. INJURY WHILE AT WORK	Y OCCURRED  NOT WHILE  AT WORK	21e. PLACE OF IN. STREET, FACTORY, F,		LOCATION	CITY OR TOWN	COUNTY	STATE
death resi	ulted fram: Natur	dict Sk	dept , Suicide	tapsy , Inspection Ins	Undetermined manner	DATE SIGNED 11-21	
	Rene	dict grite					OTEAL
EXAMINER (TYPE OR P	RINT)	dict Skita		ADDRESS	, Cumber land	, Maryland	2150
EXAMINER (TYPE OR P	MATION, REMOVAL 23		23c. NAME OF CEMETER Davis Memo	ADDRESSY OR CREMATORY	Cumber land    23d LOCATION   Cumberland, A	COUNTY	

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	1	FOR	DEBADI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	7 0 2	6 4 6 5
1	1	- STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDIE	LAST		AY YEAR 2b. HOUR
death		JOHN	CHARLES	DEFFENBAUGH	NOVEMBER 29, 197	9 6:00 PM
ě	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY CYEAR		FUNDER LYFAR IF UNDER 24 HRS
urs of		MALE	WHITE	oct. 29, 1857	82 YRS.	NONTHS DATS HOURS MIN.
nce.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
- Ta	4	MARYLAND	U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNTY	MD
Actified	10. C	CUMBERLAND	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEART HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE ENGINEER	12b. KIND OF BUSINESS OR INDUSTRY TLE
ust be	130	STATE 13b COU		VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	0.000,000
E 3		ARYLAND   ALI	LEGANY MT. SA	VAGE YES X NO [		REET
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_	140.3	ALBERT WAS DECEASED EVER IN U.S. AI	DEFFENBAL RMED FORCES? 1166 SOCIAL SEC		ADDRESS	HINER
e medico			214-07		NA DEFFENBAUGH	, Mr.SAVAGE,
y injury, or ather troumoti	TION	C. 1+ . 1	, C.O.P.	DEATH BUT NOT RELATED TO THE TERM		
iene pri	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED /ING CAUSES OF DEATH?
Hem 18 sha		2]a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
xed or iii	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
is mo		220 I certify that (I) (this hasp	ital) attended the deceased from			9, that (1) (we) last
			at) view the bady after death.		death accurred on the date and hour	ond from the couses stated
T: If He		22b. SIGNATURE	wices 1	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF	22c. DATE SIGNED
with the Sto		22d. PHYSICIAN'S NAME (TYPE)	OR PRIMATE	22e ADDRESS		
POR		CLARENCE J. VI	NCENT. M.D.	909-B SETON	DRIVE, CUMBERLAN	D. MD. 21502
≥	23o.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		BURIAL	DEC. 3.1979 S	T. PATRICK CEM.	MT. SAVAGE,	ALLEGANY, MD.
/77	24. F	UNERAL DIRECTOR	ADDRESS	25a. DAT		AR'S SIGNATURE
	D	JRST 57 FROST	AVE., FROST BURG.	MD. 21532	2-01 1012	/ /

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,	1	FOR STATE REGISTRAR			DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 7 9	2	6 4	6 6
)		CEASED NAME OFFENTS	OPAL		A. DE	WITT	-	NOVEMBE		1070	75. HOUR
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1	ião y	WAS DECEASED EVER	IN U.S. AR	MED FORCES? WAR OR DATES!	HM SOCIAL SECU	RITY NO.	Mrs. Willave	ADDRE		land,	MD
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5		Burial CREMATION	REMOVAL	11-14			t Memorial Pk.	BHMLANDY M	D. 2;	1502 legany	MD STATE
7		INERAL DIRECTOR	CARPE	LLI CI	UMBERTAND	, MD	75s. DA1	NOV 1 5 1979		ARS SIGNAT	

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DE. RICHARD J. WILLIAMS

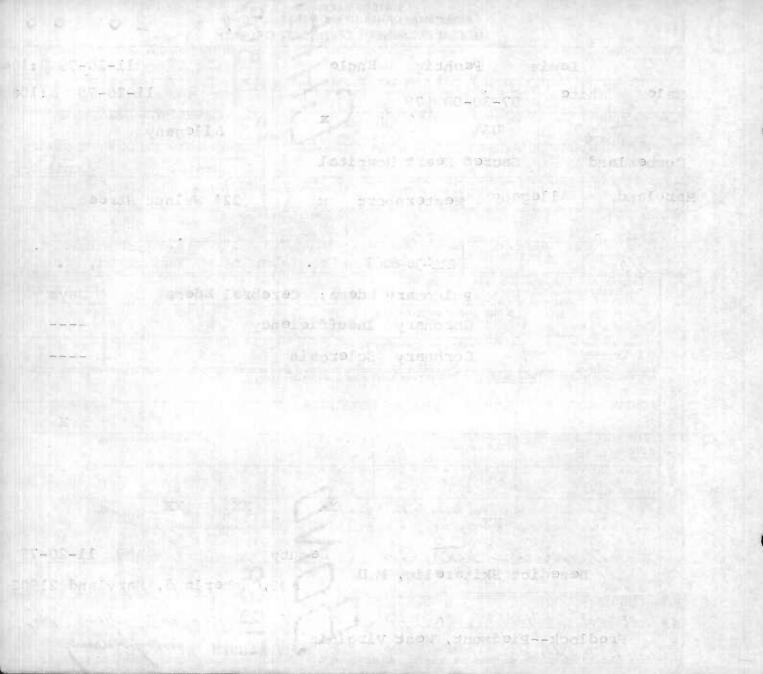
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		CEASED NAME ORPRINT)	FIRST	N	AIDDLE		AST	20 DATE OF DEATH	MONTH DA	YEAR 21	2b. F
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35		RIHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY	? 8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C		
Potential of the second		ty or town of lumberlar		11. NAME OF H	H FACILITY, GIVE STREE	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT HOUSEWITE	ION	17h KIND OF E	
and the	USU.	AL RESIDENCE (#1	NURSING HOME OR	OTHER INSTITUTION,		ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
Comine		THER'S NAME	lars	VIDOLE	LAST		15 MOTHER'S MAIDEN NA FIRST Lucy	ME MIDDLE	St.	Carnel	1:
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giene prior to buriol, cremotion, or shows ony injury, or other troumotic	CERTIFICATION	underlying co	immediate oting the use lost.	onditions co	FIRE	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{YES} \( \text{NO} \)	20b. IF YES,	WERE FINDING	GS I
tem 18 sho		21a. ACCIDENT WAS	CAUSE OF DEA	111	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR				
oith ond Men morked or Ite	MEDICAL	(IF EITHER, NOTIFY M 21d. INJURY OCC WHILE NO AT WORK A		P.A 21e. PLACE C (AT HOME, STRI		19 E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	
with the State Dept. of Health		22a. I certify that saw the decobove, (I) (w. 22a. PHYSICIAN'S V.R. FE	eosed olive on e) (did) (did no NAME (TYPE O	() view the body	19-	79_0	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  SETON DRIVE	MEDICAL STA MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	/	
₃ ₹	23o. (	BURIAL, CREMATIC					EMETERY OR CREMATORY Hill Cemeter	23d. LOCATION	, n		W
7/77		JNERAL DIRECTOR	2		WESTERN				MTHE	eral Assemble	

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				STATE OF MARYLAND		
		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	6 4 / 2
a \		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 76. HOUR
1)		CARL	ELMER	FOLEY	NOVEMBER 9,	1979 7:00PA
-	3. SE	MALE	white	April 20, 1911		UNDER I YEAR OF UNDER 24 HRS
3		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O ALLEGANY	
1	Cu	mberland	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SACRED H	NG HOME OR OTHER INSTITUTION TADDRESS) EART HOSPITAL	170 USUAL OCCUPATION	176. KIND OF BUSINESS OR INDUSTRY BLO RR
75	130 S	STATE 135 COU	or other institution, give residence before institution and institution give residence before institution give residence before institution. Give residence before institution give residence before institution give residence before institution. Give residence before institution give residence before give residence	vn 13d INSIDE CITY LIMITS? ring YES □ NO 🕅	130. STREET ADDRESS P.O. Box 54	
14				ley Fannie	May	Nelson
3		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN} (IF YES, GP	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 236-12-1		ADDRESS2002 1 ey Jr. Hampton	Seldom Dr. Va. 23669  PROXIMATE INTERVAL BETWEEN ONSELAND DEATH
or other froumatic event, th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	There of		24h.
any injury,	TION			DEATH BUT NOT RELATED TO THE TERM		
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, VIN CERTIFYII	VERE FINDINGS USED NG CAUSES OF DEATH?
9		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	AY YEAR ,	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Hem 2   15 morked		sow the deceosed olive o obove, At (we) (did) (did n	oitol) ottended the deceosed from an		, to	, (,, , .,
		226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE	Buy	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	11 / 0 / 7g
7		GEORGE BREZ			TON DRIVE, CUMBERL	AND, MD 21502
	230.	BURIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Forest Glen Cemeter	23d LOCATION CITY OR TOWN	ounty state Hampshire WV

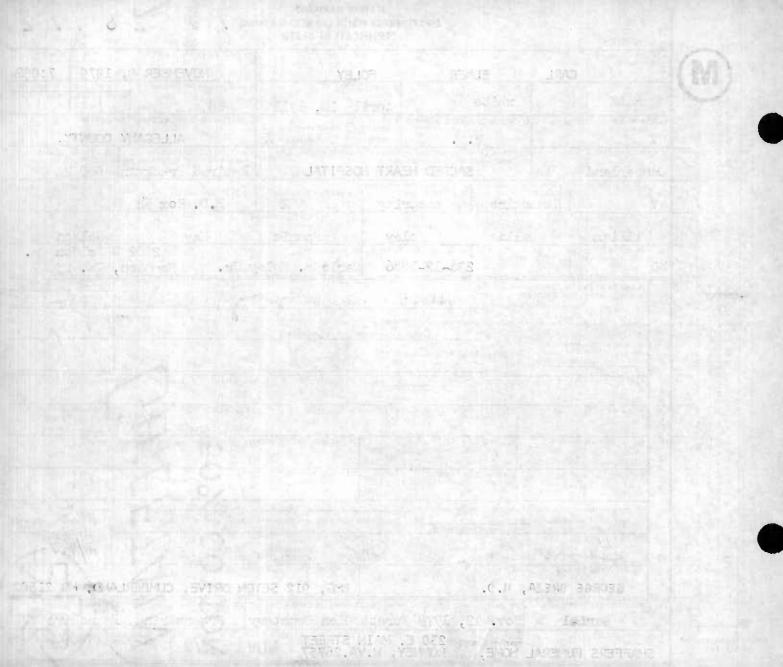
230 E. MAIN STREET ROMNEY, W.VA.26757

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STANATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

SHAFFERS FUNERAL HOME,



FOR

(VRA 15 (4))

BOAL'S FUNERAL HOME

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		THE RESIDENCE OF STREET	AT.
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		DECEAS TYPE OR PR	ED NAME			MIDDLE			LAST			20. DATE K	NOWN PX		DAY YEAR	2b. HOUR
W. PRESTON STREET	1	TIPE OR PR	BAT)	Ell	en V. Gi	lpin						OF DEATH	MATED	11-	29-1979	610 p
TRE	3. 5	EX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE		VDER 1 YR.			2c. DATE		MONTH	DAY YEAR	2d HOUR
	F	'ema.	le	White	May 17.			RS. MONT	HS DAYS	HOURS	MIN	PRONOUNG DEAD	Nov	. 29	1,79	610 pm
	70	FOREIGN	ACE (ST		76 CITIZEN OF WH	AT COUN	TRY?	8. MARR	IED [] N	EVER MARR	IED 🗍	9. BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
0	5	Mary	land		USA			WIDOV	-	DIVORC		All	egany			MD
	10.	CITYOF	TOWN	OF DEATH	11. NAME OF HOS	PITAL, NUI	RSING HOM	E, OR OTH	ER INSTIT	UTION	12a USU	AL OCCUPA	ATION (TYPE	OF WORK	OR INDUST	JSINESS
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	/ 14.		'S NAME		MIDDLE		LAST		IS. MOTH	HER'S MAIDE			DLE		LAST	
è					M. Gilpin				112 11/15		dith	Baldw		100		
1	160	(YES, NO.	OR UNKNO	WN) (IF YES, GN	RMED FORCES? VE WAR OR DATES)	16b. SOC	IAL SECURIT	YNO.	17. INFOR				ADDRESS		A QUAL	
		no							Mr.	wm. O	. Gi]	Lpin,	Cumbe	rland	Md. S	
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		AT V	VORK -	NOT WHILE AT WORK	e Lett	Un Si	dewall	KK	XXXXX	XXXXX	WALK	401	E. 01	dtown	Road	
		2	2a. I certif	y that I taak cha	rge of the remains des	ribed abo	ve, held on	Autop	sy .	Inspectio		Inquiry	X, one	d in my opi	inion	
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F ANY DE 3. RETAIN SHOULD BILL RECORDS	USUA 130 M	TATE Land	1 13b COUN		GIVE RESIDENCE BEFORE ADMISSION CUMPOR TOWN		13e. STREET ADDRESS	sh Vallev	
URS AFTER DEATH. IF ANY DEL.  8. GNE PAGES 1, 2, AND 3 TO WITH FORM PM. 3. RETAIN P . PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS,		THER'S NAME FIRST FRANK		WIDDLE	LEUCK	15. MOTHER'S MA	AIDEN NAME MIDDLE		LAST ENHOUSE
URS AFTER DEATH. 3. GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2. DIVISION OF VITA	16a. V (Y	VAS DECEASE ES, NO. OR UNKNO NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	212-92-40		J. HELMSTETTER	LA VALE,	MD
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A AMI									
CUTEL IN PE URIAL- JD ME		lying cou		(c)	r as a consequence c				
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SHOULD BE EXECUTED SRD "PENDING" IN PR CHIEF MEDICAL EXA E USED SA A BURIALL OF HEATTH AND ME JAL, CREMATION, OR I	TIFICATION	lying cou	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEAT	H DUT NOT RELATED TO THE TERMI		IN PART 1 (e).	20	. AUTOPSY?
OULD BE EXECUTE D. "PENDING" IN FA HIEF MEDICAL EX HOSED AS A BURIAL D'SED AS A BURIAL O'SED AS A BURIAL L', CREMATION, OR	CALCERTIFICATION	PART 2 OTHER SI	OPERATION	(c)	H BUT NOT RELATED TO THE TERMI DITION FOR WHICH OPER, OF INJURY M. MONTH DAY YEAR	INAL DISEASE OR CONDITION GIVEN ( ATION WAS PERFORMED?	IN PART 1 (a).  .  JRRED (ENTER NATURE OF INJURY IN ITE		
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9		BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED		R COUNTY OF DEATH	
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Tags .	4	1.00	L FGANY	CUMBERLAN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
ine	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	ATTRETT ATT	CONTONIO
50/	/	George	MIDDLE	Jackson	Clara	WIDDLE		Srowe
edicol	160	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDR		TOWE
1		(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	2-92-4383	MEMORIA	L HOSPITAL	CUMBERLAND	O MD
E D	$\vdash$				TIETOK IT	E 1001117E		
event, th	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for SED BY.	10), (b) Cod Ichi	ata Co.	. /	BETWEEN	XIMATE INTERVAL
		IMMEDI.	ATE CAUSE (a)	respi	ray pui	My ,		
fraumatic		485-	DUE TO, OR AS A	CONSEQUENCE TE	Pl Karko	hoo mi		
ran	1	Conditions, if ony, which gove rise to immediate	(b)	B1/6	a provo	prenting		
other		couse (a), stating the underlying couse last	DUE TO, OR AS A	CONSEQUENCE OF				
0 0			( IC)					
5	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	UTING TO DEATH BUT	NO RELATED TO THE TERM	// -	DITION GIVEN IN PART 1	(0)
	CERTIFICATION	CAN DAYS OF ODSPATION	76 Mil Chyslan	OR WHICH OPERATIO	yarme wiler	Holmen 1200 AUTOPSY?	20b. IF YES, WERE FIND	NICC UCED
No sa	7 5	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	DE WAS PERFORMED	70s AUTOPST7	CERTIFYING CAUSE	S OF DEATH?
Shows		1	EN THE OF THE	NV.	131. Now hallow occurs	YES - NO B	YES 🗌	NO 🗆
χ (		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
E	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
3	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
Daylor	`	AT WORK AT WORK						
		22a.1 certify that (1) (this has	•			, to		, that (I) (we) lost
2	1	sow the deceased all a above, (1) (we lidited and	not view the body offer de	19	nd that in (my) (our) opinion	death occurred on the d	ote and hour and from the	e couses stated
H Hem		22b. SIGNATURE	H		DEGREE		22c. DAT	ESIGNED
		( Blicky)	Marie III	MD	ABIM ATTENDING PHYSICIAN [	DIRECTOR PHYSI	FF CIAN []	
Z-		274 PHYSICIAN S NAME (TYPE	ORPRINT)		22e ADDRESS			
IMPORTANT: H		1//	H.Kani, Tha	n				
₹	23n	BURIAL, CREMATION, REMOVA		23c NAME OF C	LEMETERY OR CREMATORY	236. LOCATION		
		(SPECIFY)  Burial	Nov 5, 197		t Cemetery	CITY OR TOWN	A 3 7 Marie	State
/74	24. 1	FUNERAL DIRECTOR				Eckhart.	Allegany Ma	Viand
1/76	g-	Cox-Merritt P	and down	ADDRESS 404 Dec	satur St My	1001013	1	7

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PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

(VR A 15 (4))

November of 179 h:20	5 (2)(3)(6)	Lo	CATHALITA	
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135 VIRCINIA AVERUE CUMBERLAND, MD. 21502 Let U. Sumberland allogany at		THEI	D. HINNELW	

LDECEASED NAME (PRIOR PRIOR)  JOSEPH T. JENKINS  NOVEMBER 12, 1979  B. 511P  ACCE  SOME OF BRITH  JOSEPH T. JENKINS  NOVEMBER 12, 1979  B. 515P  A SCE (INTERS DATE OF BRITH  MALE  A SCE (INTERS DATE OF BRITH  MARY LAND  IN SAVAGE (INTERS DATE OF WHAT COUNTRY)  BRITHPIACE (INTER OF WHAT COUNTRY)  MARRIED OF HOST INTER  TO INTER OF WHAT COUNTRY)  MARRIED OF WHAT COUNTRY  MARRIED OF WHAT		1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 7 9 2	6 4 8 0
MALE  WHITE  OCTOBER  17 1491 67  VRS.  WHITE  OCTOBER  OCTOBER  17 1491 67  VRS.  WHITE  OCTOBER  OCTOBER  17 1491 67  VRS.  WHITE  OCTOBER  OCTOBER  18 ANIMORECITY OCCURRING  ALLEGANY	pe 33		OR PRINT)			26 DATE OF DEATH MONTH D	10 110011
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ARRECO NOTES NAME ARRECO   DAVID   DAV	ge 4 ector ector	]	MALE	WHITE	OCTOBER 17,191	2 67 YRS.	ONTHS DAYS HOURS MIN
MARY LAND  U.S.A.  WOODWED  D.	P P P			76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
CUMBERLAND    PARTY   AND   PARTY   PA	3 1 1 1 1 1 2 7 2	-			WIDOWED DIVORCED		MD
THE WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES. MASSOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES. MASSOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES. MASSOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES. MASSOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FORCES. MASSOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FOR U.S. ARMED FORCES. MASSOCIAL SECURITY NO DECEASED EVER IN U.S. ARMED FOR U.S. ARM	Filed St.	C	UMBERLAND	(IF NOT MEMORITAL TREET)	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE	
SAVAGE   MD.   MRS. JOSEPH T. JENKINS, 3 YBLLOW ROW   MRS. JOSEPH T. JENKINS, 3 YBLOW ROW   MRS. J	filled in nould be	130	STATE 1136 COUR	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY  GGANY  MT. SA	VAGE 136 INSIDE CITY LIMITS?	13e STREET ADDRESS  3 YELLOW ROW	
The part of the pa	mARYLL ed within and 2 sh and 2 sh	14. F/		Ward Jenkins			ORNDORFF
PART 1 DATE DATE CAUSE 10    DUE TO, OR ASA CONSEQUENCE OF   16	on and co	16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU E WAR OR DATES)			SAVAGE, MD. YELLOW ROW.
DATE OF OPERATION    196 DATE OF OPERATION   198 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   206 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES   NO     126 AUTOPSY?   12	201 W. PRESTON:  res that the death ce ned by the artending please remove carb virial, cremation, or r y, or other traumatic	NO	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	Cell attenueucu	9 8	N IN PART 1(0)
DO TO THE PROPERTY OF THE PROP	RECOR	TIFICATION	190 DAPE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIFY	ING CAUSES OF DEATH?
228.1 certify that (1) (this hospital) ottended the deceased from the course of the deceased of the property of the deceased from the deceased of the property of the deceased of the property of the deceased from the deceased of the property of the deceased from the deceased of the property of the deceased from the deceased of the property of the deceased from the deceased from the deceased of the property of the deceased from the deceased	OF VITA ICIAN: Ti g physici entificate ial-transmittal Hygin tem 18 sh		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
228.1 certify that (I) (this hospital) attended the deceased from the deceased from the deceased of the saw the deceased alive on the deceased of the saw the deceased alive on the deceased of the saw the deceased alive on the deceased of the saw the deceased of the deceased of the saw the dece	IVISION IG PHYS otherdin ter this of is the bur hond Me	MEDI	WHILE NOT WHILE			CITY OR TOWN	COUNTY STATE
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	TTENDER OF POTON OF Heal		snw the decensed plive on	11/12 10		, 10	,
BP BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY ST. GEORGE'S CEM. VAG VALLEGARY MI  DHMH-1650M7/77			22b. SIGNATURE	embelog dos	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	11 /13 /79
BP BURIAL CREMATION. REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 13d. LOCATION CITY OF TOWN COUNTY STATE  BY BURIAL SPECIETY OF CREMATORY 13d. LOCATION COUNTY STATE  BY STATE BURIAL OF CEMETERY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY 13d. LOCATION COUNTY STATE  BY ACTION TO THE PROPERTY OF CREMATORY STATE STATE  BY ACTION TO THE PROPERTY OF CREMATORY STATE STAT	O HOSPI trained b				133 V		1502
DHMH-16.50M7/77 NAME TOWNS ADDRESS FROSTBURG		23a.	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	DHMH - 16 50M 7/77	24	NAME THOUSE	M. Sours ADDRESS FI	ROSTBURG 250. DAT	ENOUP OF THE MESS REGISTE	ALLEGANY MI

LARGE BLEVE	NOVEMBER 12, 1	IMS SMI	NIEU .T BUS	200
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47/21/16				
11 / Surge	VIRGINIA AVENUE			IN .O. NO. MI
W/EVE		133 CUMBERLAI COMBERTS	MELWRI CHT	ин .о.а .яа Деляны

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a DATE OF DEATH 26 HOUR

Sept.

WIDOWED

TYPE OR PRINTA William J. 3 SEX Male White

To BIRTHPLACE STATE OR FOREIGN

Maryland

ID CITY OR TOWN OF DEATH

Frostburg

William

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Conditions, if ony, which gave rise to immediate couse (a), stoting the

underlying couse lost

190 DATE OF OPERATION

21d INJURY OCCURRED

27h SIGNATURE

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

Marvland I FATHER'S NAME

No

CERTIFICATION

MEDICAL

à

ond Mentol Hygi

8

morked or Item

COUNTRY

Kallmver 5 DATE OF BIRTH MONTH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

1900

November 6. AGE (IN YEARS LAST BIRTHDAY) 1979

**BALTIMORE CITY OR COUNTY OF DEATH** MARRIED W NEVER MARRIED Allegany

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic

12b. KIND OF BUSINESS OR Auto Co.

Frostburg

BETWEEN ONSET AND DEATH

13e STREET ADDRESS 200 E. Main St.

ADDRESS

15 MOTHER'S MAIDEN NAME

20a AUTOPSY?

Lewis Md.

Mrs. Virginia Kallmyer,

13d INSIDE CITY LIMITS?

NO

FIRST

Emma

17 INFORMANT

28.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

76 CITIZEN OF WHAT COUNTRY?

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 130 CITY OR TOWN

Allegany

LIF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

18 CAUSE OF DEATH (Enter only one couse per line)

( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Kallmyer

200 E. Main Street

Frostburg

166 SOCIAL SECURITY NO

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

21f LOCATION

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

STATE

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on above, (1) (we) (did) (did.

23b. DATE

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING

PHYSICIAN!

DICAL STAFF

CITY OF TOWN

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE Hyun J. Lee. M.D.

Tarn Terrace, Frostburg, Md. 23d. LOCATION

24 FUNERAL DIRECTOR

Durst Funeral Home, Frostburg, Md.

German Lutheran Cem. Frostburg, 25b. REGISTRAR'S SIGNAS LIBE

DHMH - 16 50M 1/76 (VR A 15 (4) )

MPORTANT: If them 21 is 230 BURIAL CREMATION, REMOVAL Burial

Nov.10179

FUNERAL

old b



Total Thousand and the state of the state of

Dures Superal Ress, Proceeding, 12.

the attending physican and campletely filled in by the fune in remove carbanpapers. Pages 1 and 2 shauld be filed within 72 l

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remoyal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

injury, ar ather traumatic event, the medical exar

~	3	
P	1	
	1	-

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.			
		EASED NAME	FIRST		WIDDLE		AST		2 10	OF DEATH		DAY YEAR	26 HO	
			THOM	AS .	JAMES	KENN	EY			EMBER	, ,	79	5:4	4 AM
ì	3. SEX			4 RACE		5. DATE O		YEAR	6 AGE (II	YEARS LAST BI	THDAY)	MONTHS DAYS	_	ER 24 HRS
	1	MALE		WHITE	3	JAN	. 30,	1907	7	2	YRS.	MOITING BATT	1.00.0	
5	CO	THPLACE ISTATE OR DUNTRY)	FOREIGN	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED		LEGAN	_	TY,	202	MD.
1	10 CIT	ON TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	G HOME C	ROTHER INS	-	(TYPE OF W	ORER		126. KIND INDUSTRY BOWI	/	NESSOR
5	130 S	ID.	136. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ECKHAR	N	YES 🗌	NO X	RT.	address BC	X 96	, FROS	TBU	RG
C	14. FA	THER'S NAME PETER		MIDDLE	KENNEY		15. MOTHER	S MAIDEN NAM		J.		BROÏ		CK
	160 W	(AS DECEASED EVEI ES, NO OR UNKNOWN) NO		E WAR OR DATES)	213-05-		MRS.	THOMA	S J.	FRC KENN	EY, R	RG, MD.	зох	96
	ATION	Conditions, if an gave rise to in cause (a), stot underlying cous	y, which mediate ing the e lost.	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH	NCE OF NCE OF DEATH BUT	NOT RELATE	Chale		ASE OR CON	7 Co	ln	x Dl	edyl (
	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UP  21a. ACCIDENT WAS UP  (IF EITHER, NOTIFY MED  21d. INJURY OCCUI  WHILE NOT AT WORK AT W  22a. I certify that (  Soon the decean  31 SIGNATURE  22d. PHYSICIAN'S N  22d. PHYSICIAN'S N	NDERLYING (CAUSE OF DE CAL EXAMINER RED VHILE ORK) (this hood sed dive an idea (did no did	21b. TIME C HOUR A. HOUR A. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	16 S AY YEAR 19 ARM, ETC.)	21f. LOCAT STREET	NJURY OCCURE  ON  19  19  ATTENDING PHYSICIAN SS	tes E  RED (ENTER  to  death accu	CITY OR TO	IN CERTII YE	county  19 27 and from th	NO N	STATE  STATE  WetTost stoted
	23a. B	URIAL CREMATION		0, M.D.	23c N	IAME OF C		SETON DI	23d. LC	CATION	74 - 19	, MD. 2		STATE
	E	BURIAL		11/3/	79 S	r. M	ICHAE	TIS CE	FI FI	ROSTE	BURG	AT.T EG	ANY	- MD

BP.

retained by the haspital ar attending physicia

DHMH - 16 50M 7/77 (VR A 15 (4))

FROSTB

BY REGISTRAR 25L REGISTRAR'S SIGNATURE 24. FUNERAL DIRECT FROSTBURG, ST. 250. DAT MD.2 1532

7/7:5 0701	. I masha voi.		S KENNEY	1,76	Nº HT	
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AB XCB. C. MK.Y	SWEY ALS	altoF"	A 57-19170		4.6	

1	FOR - STATE REGISTRAR		DEPARTMENT OF H	EALTH AND M		IENE 7 9	2 6	44	8 3
1 D	DECEASED NAME FIRST PER OR PRINT)	Charles E.	Klosterman	AST		20 DATE OF DEATH MON 11/23/79	TH DAY	YEAR	76 HOUR 12:55р <sub>м</sub>
3. S	SEX M	4 RACE	S DATE C	DAY	12	6 AGE (IN YEARS LAST BIRTHDAY	) IF UNDI	DAYS	IF UNDER 24 HRS
10 US 13a	WAS DECEASED EVER IN U.S. A	11. NAME OF HOSE (IF NOT IN SUCH FACE Frostbu  DR OTHER INSTITUTION GRE INTY IANY MIDDLE 13 c	MARRIE WIDOWE PITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS) Trg Community	HOS DITA	PROTECT IN THE PROTEC	MIDDLE	RKING LIFE) 126	vial	ta 1
CERTIFICATION	Canditions, if any, which gave rise to immediate couse ial stating the underlying cause last	DUE TO, OR AS  DUE TO, OR AS  CONDITIONS CONTE	A CONSEQUENCE OF A CONSEQUENCE OF R			20a AUTOPSY? 201 IN	DN GIVEN IN D. IF YES, WER CERTIFYING	PART 100	NGS USED OF DEATH?
MEDICAL CERTI	OR CONTRIBUTING TO CALLER OF O	HOUR A.M. P.M. 21e PLACE OF It	MONTH DAY YEAR	21f LOCATION		YES NO ENTER NATURE OF INJURY IN		PART 2)	NO
	27a.   certify that (1) (this has saw the deceased alive a above. (1) (we) (did) (did in 27b. SIGNATURE	la year the body from	death.	DEGREE	TENDING	, to death accurred on the date of MEDICAL STAFF DIRECTOR   PHYSICIAN	2		
230	Dr. H.  BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	Lee 23b. DATE		Tarn EMETERY OR CE	REMATORY	23d LOCATION CITY Frostburg	COUNT	Y	STATE MA
24.	FUNERAL DIRECTOR Durst Funeral				25a. DATI	E C 6 1979			

DHMH - 16 50M 1/76 (VR A 15 (4))

EMBER Will PRINCIPLY ON TOURS - MILE TO LEVEL TO LEVEL TO THE PARTY OF The Local Control of the state of the second st Burel Smarter, 26, 1979 St. Michael Gereatt Smarter, Alleman, Md. Biret Farerel Man, Programme, MG. 21538

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

DAYS WOURS. BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 12b. KIND OF BUSINESS OR (TYREOF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beamast Mrs Debra Krumpach Lonaconing Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

CMG-500 GREENE ST., CUMBERLAND, MD. 21502

Barton Allegany St. Gabriels Cem

24. FUNERAL DIRECTOR When w BOAL'S FUNERAL HOME, WESTERNPORT, MD.

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

FOR

REGISTRAR

- STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c DATE SIGNED

2h HOUR

NO [

STATE

70

IF UNDER I YEAR

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1771-171			
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						21 MI	E OF MARILAND					70.0	
	1-	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTA FICATE OF DEATH			2 i, no.	6 -,	8	3
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEAT		DAY YEAR	2b. HOUR	2
Νđ	(IIII)		EDWAR	D	W.	LAN	NCASTER		NOV. 6.	1979		5:45	PM
	3. SE	X		4 RACE			OF BIRTH		6. AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	_
- 14		Male		Whit	e	Dec			76	YRS.	MONTHS DAYS	HOURS	WIM
į.		IRTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE		9 BALTIMORE CIT		Y OF DEATH	100	
35		Marylo	ind	U.S.A		WIDOW			Allaga	ny			MD.
50		ITY OR TOWN OF E		11. NAME OF			OR OTHER INSTITUTIO	N	126. USUAL OCCUP (TYPE OF WORK FOR MC) Retire	PATION IST OF WORKING LI		ente	SS OR
25	130 S	AL RESIDENCE (IFN STATE) Md.	13b COUN	JTY	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIM		13e. STREET ADDRE		2 Rawli	ngs.	Md.
	14. FA	ATHER'S NAME		WIDIDLE	LAST		15 MOTHER'S MAID	EN NA	ME		LAS		
010		John			ancaster		Ruth		Milot		Waxler		
0		WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		AD	DRESS			Md.
Ě		No			n 214 07	075	Letta Lo	anca	ster Rd .	3 Box 2	242 Raw	ling	s,
	NOI	Conditions, if o gove rise to couse (a), sit underlying co	ny, which immediate ating the use last.	DUE TO, O  DUE TO, O  DUE TO, O  (c)  CONDITIONS C	R AST PASSEGNE	ZEATH BUT	CAD NOT RELATED TO TH	MZ IE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART I (	וב	
	CERTIFICATIO	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED		20a AUTOPSY?		S, WERE FINDIN		
de	RTIF								YES NO		ES 🗌	NO [	
9	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY ME	CAUSE OF DEA	HOUR A.	.M. MONTH DA	YEAR		OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18, I	PART I OR PART 2)		
D Daw of	MED	21d INJURY OCCI	URRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETG	211. LOCATION STREET	na	SIV OF	TOWN	COUNTY	STA	TE
. n dem 2 i 5 m			(this hospi	1 // II V	deceased from (	Y/	nd that in (my) (our) o	DING		TAFF			
		224 PHYSICANS	NAME (TYPE O	R PRINT)		-	21e ADDRESS		1			-	100
5 /		DR. T.	WILL	IAMS			MEMROIAL	_ ME	EDICAL B	LDG, C	UMBERL	AND,	, M [
		BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23¢ N	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY	STAT	IE .

CTATE OF MADVIAND

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR M. Rotruck

Burial

10 Nov 79 Waxler

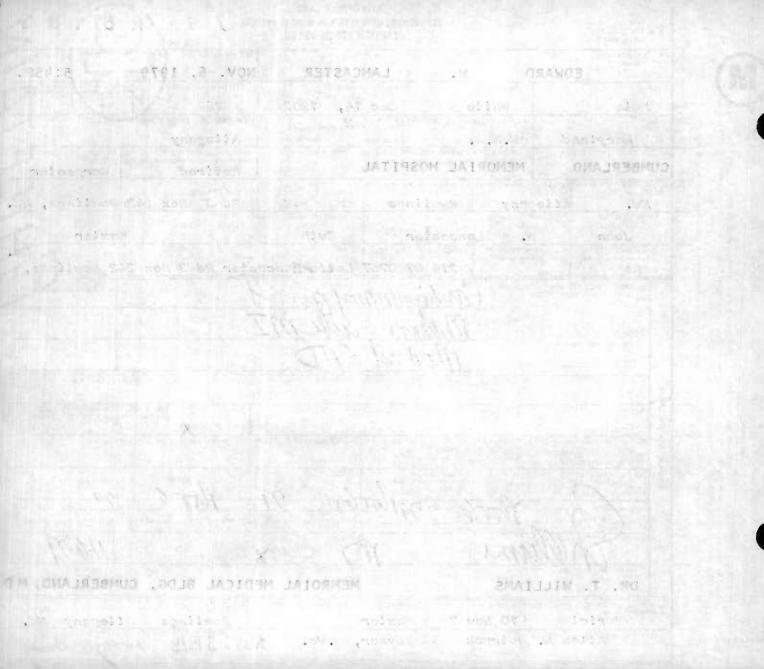
ADDRESS Keyser, W. Va.

Rawlings

COUNTY

256 REGISTRAR'S SIGNATURE

Md. perfray Ma Creade



		FOR STATE REGISTRAR	B 151		CERTII	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	REG. NO		4 8	6
MA)		CEASED NAME FIRST OR PRINT)		MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR 2b HC	
	2.05		aret	T La	yman		11/8/79			20p <sub>M</sub>
urs et	3 SE	Female	4 RACE Whi	te	5 DATE ( MONT 11	H DAY YEAR	6 AGE IN YEARS LAST BIRT	MONTH YRS	DER LYEAR IF UND	
ou 77 no	- C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DED TO DIVORCED	Allega:	_	EATH	MD
Southfied 1	10 C	ty or town of death  ostburg	11. NAME OF	HOSPITAL, NURSIN H FACILITY CIVE STREET, L' TG COMMU	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12 F WORKING LIFE) IN	A Jama	
e must be	13a S	ALRESIDENCE (IF NURSING HOME OF TAKE ATTENDED AT ATTENDED	legany	GIVE RESIDENCE BEFORE 130 CITY OR TOW Frostb	N	13d. INSIDE CITY LIMITS? YES X NO  IS MOTHER'S MAIDEN NA	13e STREET ADDRESS 161 W Ma			
2010		Richard	WIDDLE	Truly		Annabel	MIDDLE		Steve	ns
medical		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	. ADDRE			
S. Poc		no		216-10	926	J. Malle	ry, Frostbu	rg Commu	APPROXIMATE INT	
ed by the offending phyleose remove carbonp rial, cremation, ar remo . ar ather troumotic ever		Conditions, if any, which gave rise to immediate cause ioi, stating the underlying cause last	DUE TO, O  DUE TO, O  DUE TO, O  (c)		NCE OF NCE OF	an diae Fa amplete bea & Duffertenh	it brocks ne Vagenli		) hy	
to bu	NOI	PART 2. OTHER SIGNIFICANT	enditions co	Certrole	EATH BUT	NOT RELATED TO THE TERM	ainal disease or coni	dition given in	PART I(o)	
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS US CAUSES OF DE	ATH?
ond Mentol Hygiene ked or Item 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFE EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	R PART 2)	
rked or	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	'N CC	YINUC	STATE
of Meoir		22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		8 197	9	nd that in (my) (exc) opinion	deoth occurred on the do	19 7 ate and hour and	(	( <del>vec)</del> lost stated
fetached ote Dept. T: If Item		22b. SIGNATURE	( San	dhw		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		- 118	179
old be det	1	22d. PHYSICIAN'S NAME (TYPE C	,			22e ADDRESS	in Constant			1
should be deto		Dr. L. Sandh	nir			48 Tarn Terr	ace, Frostb	urg, Md.	21532	
₩ 3 ₹	23a. 8	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY	STATE
		Burial	Nov.1	1179 Mt.	Zi	on Cemetery	Garrett		y, Md.	
A 1/76	24 FI	INERAL DIRECTOR		ADDRESS		25a. DAT	E RECD. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	4
1))		Durst Funeral	Home, F	rostburg.	Md.	1307	7 5 - 0 10 0			/

(M)

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Powers Contract to the Contract of the Contrac

Bowel Propert Hom, Crestings, M.

medical examiner

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

	1-	FOR STATE REGISTRAR			DEPARTM	NENT OF H	EALTH AND A	MENTAL HYGI	IENE /	PEG. NO.	2	6	4	8	1
		CEASED NAME OR PRINT)	FIRST HRISTO		TODD		ACH		2e. DATE OF	I	I 0	9	79	26 нои 3:2	20 A
	3. SEX	Male			hite	5 DATE C	DAY.	*\$979	(	ARS LAST BIRTHD	YRS.	on this	DAYS	HOURS 6	MIN 8
5	cc	RTHPLACE (STATE OR FO	ıd	и. :	S. A.	WIDOWE		ORCED	Al	RECITY OR C LLEGAN	Y COU	NTY			MD.
2	C	ty or town of DEA Cumberland,		SACRED	HOSPITAL, NURSIN CHEART HO	SPITA		ITUTION		OCCUPATION FOR MOST OF W		12b. I	KIND OF USTRY N	one	SSOR
2	130 8		136 COUNT Summ	THER INSTITUTION	13c CITY OR TOWN Hudson		13d INSIDE CI			ADDRESS SUSSEX	Driv	e,			
7	14 FA	John	B	arry	Leach			maiden nam elen	AE	WIDDIE			Mayo		
	16a W	VAS DECEASED EVER (ES. NO OR UNKNOWN)	IN U.S. ARM (IF YES, GIVE W		None None	RITY NO.	Mr. Jo	hn Barr	ry Lead	ch, 82			Oh Hud	son,	4236
	NON	Conditions, if any, gove rise to imm cause (a), stotion underlying couse	nediate g the last.		3 10	EAH BUT	Lory NOT RELATED						3		
2	CERTIFICATION	190. DATE OF OPERAT		21b. TIME C				RMED JURY OCCURR	YES TED (ENTER NA	NOM		YING C	AUSES C		H?
	MEDICAL (	OR CONTRIBUTING CIPETHER, NOTHY MEDICA  21d. INJURY OCCURR WHILE NOT WAT WORK NOT WAT WORK  22a. Certify that (1)  SDW the decess above, (1) (we) (1)	ALEXAMINER) RED HILE	21e. PLACE (AT HOME, ST		ARM, ETC.)	2H LOCATIO E1MET	12 P.F	1, to	city ORTOWN	A.H	cour	چ <sup>ر</sup> , ۱۱	hot (I) (v	,
		22d. PHYSICIAN'S NA	AME (TYPE OR F	PRINT)	400	Tu.	22e. ADDRES			STAFF PHYSICIA  G, MD.2		1	1/9/	77	7
	(:	BURIAL, CREMATION, SPECIFY) Burial		23b. DATE 11/10	179 St		Memori	al Park		erland					land
į	24 FL	GEORGE'S	FUNER	ne Geo/ AL HOM	tge E, CUMBERI	LAND,	MD. 2I	250. DATE	NOV1 3	1979 1979	b. REGIST	AR'S S	IGNATU	Cu	4

DHMH - 16 50M 7/77 (VR A 15 (4))

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lı.	FOR		STA DEPARTMENT OF	TE OF MARY HEALTH AN		YGIENE / 9	2 6	4 8 8
1. C	REGISTRAR  DECEASED NAME FRST  TYPE OR PRINT)  JOS		Martin	Llewe		20 DATE KNOWN OF ESTI-	11-26	AY YEAR 25 HOU
3. S		S. DATE OF BIRTH	6. AGE (IN Y	ARS IF UNDER 1		DEATH MATED  24 HRS 2c. DATE PRONOUNCED DEAD	, L	19 YEAR 2d HOU
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md		SA	WIDOWED E	NEVER MARRI	ED Cumber	land, AL	LEGANY M
u	city or town of death mber land	Sacred	SPITAL, NURSING HOM CILITY GIVE STREET ADDRESS! Heart Ho	spital		128. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 117b.	KIND OF BUSINESS OR INDUSTRY
M		or other institution, G	13c. CITY OR JOWN.	l 13d II	NOTO	Rt#1, Box	497B,Fr	ostburg
	FATHER'S NAME ROY		Llewellyn		Marga Marga	ret M.		ith
160	(YES, NO. OR UNKNOWN) (IF YES, GIVI	(MED FORCES? E WAR OR DATES)	16b. SOCIAL SECURI	IY NO.   17. IN	Roy L1	ewellyn M	idland,	х <sub>М</sub> 497 В
	18. CAUSE OF DEATH (Enter o	nly one couse per line ED BY: ATE CAUSE (a)	e for (a), (b), and (c).)	Gunsho	t of H	ead		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)	AS A CONSEQUENCE	(Self i	nflict	ed)		
NC	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CO	NOITION GIVEN IN PA	RT 1 (a).		
CEPTIEICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WAS PE	RFORMED?		2	20. AUTOPSY?  YES ■ NO □
		DEATH P.A	A. MONTH DAY YEA	IF.		D LENTER NATURE OF INJURY IN ITE	M 18 PART T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE  AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATIO	ON	CITY OR TOWN	COUNTY	STATE
	ACTUAL Bened	ict Ske	Tarelic	)M.D	Homicide D	Undetermined monner	and in my apinic , DATE SIGNED_	11-26-7
230	(TYPE OR PRINT)	23b. DATE	Skitare lic	ADDR	RESS	Cumber land,	Maryla	
24	S'ECIBURIAL  FUNERAL DIRECTOR	11/29/	79 Buski	rk Ceme	etery 250. DATE	Gilmore REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGI	Md
	Eichhorn Fur	neral Ho	me Lona	coning	, Md.	GIETANNE	people	Metrody

148 4 1881 - 31-11 miderall IX Mexical Pilothia, 11-26-79:9:078 Markey Miller 5-28-51 28 Com ex land good at more 1 (DC--- Independ of the parties - Bonf to had conditions, are a son true at the basic and a consequent . I debut a reflection HAR THE THE STATE OF THE STATE OF (901E 1n2 1n0) x x PT-48-14 THE SHEET SHEET SOURCE TO THE PERSON OF THE PERSO recedior skingrelig, M.D. of W. Lumberland, heryland 21502 Descriptions of the second of

		FOR STATE REGISTRAR		M	DEPARTMENT	OF HEALTI	H AND MENTAL H CERTIFICATE C		REG. NO.	6 4 8 9
10 H		CEASED NAME OR PRINT)	E FIR:	Paul	J. Lle	wellyn	LAST	OF	KNOWN MONT	1-18 19 79 93
	3. SEX	fale	4. RACE White	5. DATE OF BIRT	Y YEAR LAST BE	RTHDAY) MON'		MIN. PRONOUT	MONT	TEAR 24 H
5	FO	RTHPLACE (S REIGH COUNTRY) larylan	d	76. CITIZEN OF	WHAT COUNTRY?		RIED NEVER MARR	IED X	ore city or cou	NTY OF DEATH
2	F	ty or town Rawling	s	Black	OSPITAL, NURSING H HEACILITY, GIVE STREET ADDR Oak Botto	n (Mou		FOR MOST OF WOR	PATION (TYPE OF WOR RKING LIFE)	or INDUSTRY  High Scho
5	130. S	Md.	13b. C	ome or other institution ounty  llegany	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOW Rawling	/N	13d. INSIDE CITY LIMITS? YES NO 1	Route 6		
		THER'S NAMI	hilip .	J. Llewell:	yn 166 SOCIAL SECI	IDITY NO	15. MOTHER'S MAID FIRST	M. France	S Shadwe	
		ES, NO, OR UNKNO <b>NO</b>	OWN) (IF YES,	GIVE WAR OR DATES)	ine far (a), (b), and (c).			Frances S	hadwell,	Mother Rawlings, Md
	7	8/9 Condition	ns, if any, w se to immed ) stating the <u>ur</u>	DIATE CAUSE (a)  DUE TO, (b)  hich diate	OR AS A CONSEQUEN	ce of	acture; Ne	eck Fractu	re	sudden
	NO	PART 2 OTHER S	GNIFICANT CONOI	TIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN PA	IRT 1 (a).		
	TIFICATI	19a. DATE OF	OPERATION	19b. CON	DITION FOR WHICH C	PERATION V	VAS PERFORMED?			20 AUTOPSY? YES A NO
	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	NG CAUSE	OF DEATH 9:30	OF INJURY  .M. MONTH DAY  THE 11-18 19	79 D	ow INJURY OCCURRE			PART 2)
	MED	WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY (AT HOM ACTORY, FARM, ETC.) Bet		CATION STREET Lack Oak Bo	ttom, Raw	lings, Al	legany, Md.
		220. I certi death result ACTUAL SIGNATU		harge of the remains of Natural causes	described above, held of Ascident X,	Suicide A	Hamicide , TITLE (SPECIFY)  A.D. Deputy	Undetermined m	anner ,	
	72a DI	EXAMINER'S (TYPE OR PRI	NAME DI		t Skitareli		ADDRESS Rout	23d LOCATION	erland, M	d. 21502
	(5	Bur	ial	11-21-79			.Gardens	La Val	e, Allega	ny, Md.
	A. 7. 1	NAME Ja	mes F.	Scarpelli	Cumberla	nd, Md	N. DATE	OV 2 3 197	9 14	y Mc Breedy

m Land Land S STAFF delication description of the contract of the Judice J. Magnellye, contra .N. Estimose Judice hother Max. 1. Libror Shakell, Perking, th. ronting and protested the control of to minor to o dradian and the universe to each and the The street to the state of the -0, -12 to the second of the state of the second of the se or. shotiot of thetic in morto P, subtring, M. 2102 unidia Vil-21-25 continuo con Continuo con Allerany, INI. Source F. - corrells, Sunberlood, LC.

	ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be 3 physician.	the state of the s
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OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ICIAN: The g physicion.	4
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0	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	6 4	9 0
(RA)	1 DECEASED NAME			MIDDLE	Ü	AST	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR A
Valen!	(THE OXPRINT)	MARY		E.	MC C	CULLOUGH	NOVEMBER	13, 1	1979	12:09
ge 4 mm	3 SEX Female		4 RACE White		5 DATE O		6. AGE IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
er deoth. Po within 72 hou	70. BIRTHPLACE (ST. COUNTRY)  Marylan		TE CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF Allegany	DC 1671	OF DEATH	M
by the fu	CUMBERLA			HOSPITAL, NURSIN CHEACILITY GIVE STREET MORTAL	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	ION OF WORKING LIFE)		BUSINESS OF
in 24 hour y filled in should be	USUAL RESIDENCE 130. STATE MD 14. FATHER'S NAME	(IF NURSING HOME OF 13b COUR Alle	VTY	13t. CITY OR TOW  Cumberl	N	13d, INSIDE CITY LIMITS? YES XX NO   15. MOTHER'S MAIDEN NA	ige. STREET ADDRESS		t	
ompletel ond 2:	Joseph B	shop	MIDDLE	LAST		Georgia Ro	MIDDLE		LAST	
be executed on and or s. Poges	160. WAS DECEASED LYES, NO OR UNKNO	EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Mrs. Melvi	n Snyder		rland.	MD
g physici onpoper emoval.	18 CAUSE OF PART I. DE	ATH WAS CAUSE	nly ane cause pe D BY. TE CAUSE (a)	r line far (a), (b), and	Che	wi Couge S	in Weard	Pailer	BETWEEN OF	NATE INTERVAL NISET AND DEATH
death ce attendin nove carb ation, or r		any, which	DUE TO. C	R AS A CONSEQUE	NCE OF	el Corona	asken 1	Deseas	94	ecer
that the d by the lease rem ial, cremi	cause (a), underlying		DUE TO, C	OR AS A CONSEQUE	NCE OF	allero	selever.		/	
equires n signe Then p r to bur injury, i		Ca	CONDITIONS C	Ober	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVE	N IN PART 1(a	1
N: The law r ysicion. const permit Hygiene prim 18 shows any	190 DATE OF C	PERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200. AVTOPSY?		WERE FINDING ING CAUSES (	
ICIAN: 1 g physic ertificate rial-trans intal Hygiem 18 sh		VAS UNDERLYING CAUSE OF DEAY MEDICAL EXAMINER	.,,,	DE INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJU	IRY IN ITEM 18, PAR	RT I OR PART 2)	
iG PHYS offending fer this of sthe bur nond Me	WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

TO FUNERAL DIRECTOR: Af should be detached for use a with the State Dept. of Health MPORTANT: If Hem 21 is m 22d. PHYSICIAN'S NAME (TYPE OR PRINT) DR. WILLIAM P. IAMES 230. BURIAL, CREMATION, REMOVAL 23b. DATE

22e ADDRESS 441 N. CENTRE STREET

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

CUMBERLAND, MD. 21502 23d. LOCATION
CHYORTOWN
CUMberland 23c. NAME OF CEMETERY OR CREMATORY

Burial 24. FUNERAL DIRECTOR

22b. SIGNATURE

DEGREE

Restlawn Memorial Gar

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BP.

DHMH - 16 50M 7/77

(VRA 15 (4))

JAMES F. SCARPELLI CUMBERLAND, MD

11-16-79

220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an above, (I) (we) (did) (did not) view the bady after death

Allegany

\_, that (I) (we) last

22c. DATE SIGNED



MOVEMBER 13, 1974-12:	напотляр, ри		CRAM
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JAMES P. SMALLELLE UCLEARIES, P. SERVE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MONTH 2h HOUR 11 06 6:11 IF LINDER 1 YEAR IF LINDER 24 HR OAY5 **BALTIMORE CITY OR COUNTY OF DEATH** Allegany 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ins. Co. Columbia Street White Mrs. Virginia Godwin. 455 Columbia St. Cumb. APPROXIMATE INTERVAL M IF YES, WEREFINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

22c. DATE SIGNED

250 DATE REC D' BY RECRYTRAN ISA REGISTRAR'S SISHATURE H. Wayne George 202 Greene St. Cumberland, Md.

DHMH-16 25M (VRA 15, 4) 1/79 FOR

- STATE

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		1-	tems 18 & Par- for dad state dad registrar	t 2 G538	DEPART	MENT OF	EALTH AND MENTAL HY	GIENE 7 9 2	6 4 9 2
			CEASED NAME FIRST		MIDDLE	5 5	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
604		Tites	JASC	N A	LLEN		MEADE	NOVEMBER 8.	1979 5:30A
N P		3. SE	(	4 RACE		5 DATE (		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
			Male		lack	Se		6 Weeks YRS.	
nce.		7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
£3	1		aryland	U.S.		WIDOW		×	Allegany M
Fied	1		TY OR TOWN OF DEATH	(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING	12b. KIND OF BUSINESS OF INDUSTRY
6	-		UMBERLAND	MEMO	RIAL HO	SPITA	AL		
Sanst b	8	13a. S	AL RESIDENCE (IF NURSING HOLITATE 136 CO	legany	13c CITY OR TOW	own	13d INSIDE CITY LIMITS? YES NO 13t	13e STREET ADDRESS	
mine		14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	LAST
8	10		Isaac	Allen	Mead		Shelby		Evans
medical	1	160 V	/AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN] (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRESSHer ADDRESS Her	itage Apts #8-A
							Norma Evans	Cre	saptown, Md
event, the			18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe	r line for esbit	dator,	insufficience	СУ,,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-			DIATE CAUSE (0)	MOSSIV			-Manor rh dy	rt. 5 dage
natic			11/8		OR AS A CONSEOU	ENGEWIL	nonary Hemorri		5 days
trour			Conditions, if ony, which gove rise to immediate				Zutopsy	Findings	C 3
other			couse (a), stating the underlying couse lost	DUE TO, C	DR AS A CONSEQU	ENCE OF	ulmonary Con	gestion	5 days
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lury.		Z	Congentral	o ap I I I I I			, , , , , , , , , , , , , , , , , , , ,	winds distablished to the distance of the dist	eror brean with
ony in	$\dashv$	ATIC	secondary he	morrhages			DS15 DN WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
o swo	1	CERTIFICATION	Nov . 19	74 (0	rebral	4	emorrhege,		TIFYING CAUSES OF DEATH?
£ -		ERT	210. ACCIDENT WAS UNDERLYING	216. TIME	OF INJURY			RRED (BINTER NATURE OF INJURY IN ITEM 18	
Item 18 sh			OR CONTRIBUTING CAUSE OF			AY YEAR			
or Ite		MEDICAL	21d. INJURY OCCURRED	21e PLACE	P.M. OF INJURY		211 LOCATION		
morked		W	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET .	CITY OR TOWN	COUNTY STATE
mor			22a.1 certify that (I) (this h	ospital) attended t	he deceased from.	nox	- 3 19 70	7 , to Nov 8	. 19_79, that (I) (we) los
21 is			sow the deceased alive above, (I) (we) (did) (did	on IVOV	8 19	79	nd that in (my) (our) opinion	death accurred on the date and h	our and from the causes stated
ten			226. SIGNATURE	S-Aet) View the boo	y offer deoffi.	0	DEGREE		224 DATE SIGNED
F. If He.			bralph	a lote	ter my	0.	ATTENDING !	MEDICAL STAFF	11/9/79
RTANT:			224 PHYSICIAN'S NAME (T	PE OR PRINT)	/			FREDERICK STR	EET
IMPORTANT:			DR. RALPH	A. REI	TER			ERLAND, MD. 2	
₹-		23a. E	URIAL, CREMATION, REMO			NAME OF (	CEMETERY OR CREMATORY		
		- 1	Burial	Nov 10	0/79 H	iller	est Burial Pa	rk Cumberland Al	legany Marvland
77		24 FI	INERAL DIRECTOR	1110 4 11	ADDRESS L	O4 De	catur St 250 DA	TE REC'P. BY REGISTRAR 256 REOI	STRAP'S SIGNATURE
		Q;	lcox-Merritt	Funeral			(1)	UAT 2 1212	/
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OR. RALPH A. REITER

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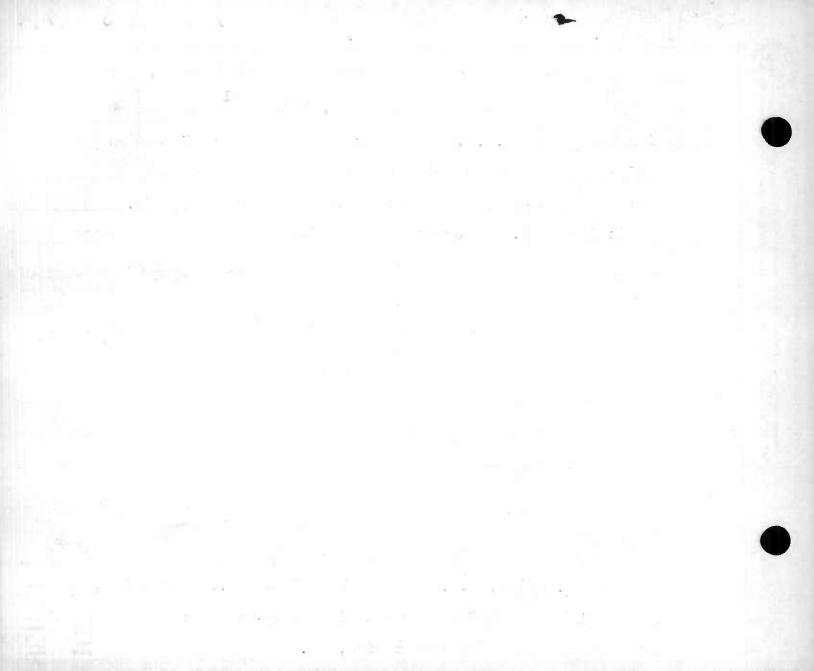
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	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 7 9	2 (	5 4	9 3
		CEASED NAME (04 PHINT)	ELE	ANOR	V.	MOON	IEY	NOVEMBER		TEAR	11:15A
	1 SE	× Female	B	4. RACE White	е	100 CO (100 CO)	. 22, 1937	6 AGE (INVENISTALL BIRT		NDER I VEAR	IF UNDER 24 HRS. HOURS AUN.
17	Wa	Shington I	.c.	USA	WHAT COUNTRY?	WIDOW		* BALTIMORE CITY O		DEATH	MD
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5	13a. S	AL RESIDENCE (IF NURS STATE Md.	13k COU	egany	Cumberla	N	YES NO TE	13608 Per	shing St	t.	
10	14. 64	THER'S NAME	rles	Ĕ. Will	iams IAST		Lena M. Lo	WIDDLE		CAS	r.
1	lác V	VAS DECEASED EVER	IN U.S. A	RMED FORCEST	THE SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	55		
1	-	TO OF UNKNOWN)	(IF YES, GO	A MAN CH DINES!			Mr. Joseph C.	. Mooney. Co	umberlar	nd . Hur	band
Company of the last	Total Control	Conditions, if only give rise to improduct to improduce to improduce the improduct to improve the improvement to improve the improvemen	which nediate g the last	DUE TO G	Manpy Lewms			rud Em		7	MATE WITEVAL PHOST AND DEATH
	CERTIFICATION	190 DATE OF OPERA	MY (	1 Pur	dus des	of of	NOT RELATED TO THE TERM	20e AUTOPSY?	THE IF YES, WE	ERE FINDIN	G5 USED
2	TIFE	Edding J.						YES NOX	IN CERTIFYING	G CAUSES	OF DEATH?
9	MEDICAL CER	TIG. ACCIDENT WAS UNC OR CONTRIBUTING [ ] OF OF EITHER, NOTHY MEDIC 714 INJURY OCCURS	CAUSE OF DE	HOUR A	OF INJURY  M. MONTH DA  M.  OF INJURY	YEAR	TH. HOW INJURY OCCURR	REO (ENTRE-NATURE DE POUI	P PHILIPM TH, PART I	OHPART 2)	
	WE	WHILE NOT WE AT WORK A	(this hosp	IAT HOME, III	Scenard from	SUP	nd that in (my) (our) opinion of	to July de town the de	9, 192		
1		DR. TERF	24, 355	ILLIAMS		1	ATTENDING A PHYSICIAN A TITE ADDRESS MEMO CUMB	MEDICAL STAND PHYSIC RIAL HOSP ERLAND, MI	ITAL.M	//- 9-	-79
	. 0	Burial UNERAL DIRECTOR		Nov.1	2,1979 н	iller	est Burial Par	rk Cumberly	and All		y Md.
		James James	F.	Scarpel	li, Cumbe:	rland	, Md.		/		/

DHMH - 16 50M 7/77 (VR A 15 (4))

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19	M	3	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		26	9 6
É.	CAL		1 DE	CEASED NAME FIRST	MIDDLE		LAST	REG. NO.	NTH DAY YEA	R 26 HOUR
,	poge 3	919	(TYPE	OR PRINT!	BERT LESLIE			NOVEMBER	12, 197	20 110011
	mo)	-10	3. SE	(	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA		
	ge 4 ector	1		Male	White		ch 20, 1905	74	YRS.	AYS HOURS MIN
	eath. Par neral dir n 72 hou	Sance.	C	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUP	MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY OR C	COUNTY OF DEATH	
5	s ofter d	Settled 2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SACRED HEAR	IURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION   ITYPE OF WORK FOR MOST OF WORK   Retired Boil	ORKING LIFE) INDUS	
0212	4 hour led in t	Ust be		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN		E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	Retired Boil		
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MARYLAND	ed within mpletely ond 2 sh	Comin //	14. FA	THER'S NAME FIRST Andrew D	. Ögden	ST	IS MOTHER'S MAIDEN NA	ttie M. Tressi	llo	LAST
RE,	d co	medical	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
BALTIMORE,	on and c	med		ES, NO OR UNKNOWN)		-W-1	Mrs. Mary C	. Ogden, Cumb		
ST.,	th certificate nding physic corbanpape , ar remavol.	natic event, th		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	TE CAUSE (0) DE AC CON	SEQUENCE OF	ed Metala	ic Cano	2 · BETW	PROXIMATE INTERVAL KEEN ONSET AND DEATH
201 W. PRESTON	hot the dea by the atte ose remave I, cremation	other traun		Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last	OUR COURSES	ucer en enter	JI.C	).	aver	
	equires t signed Then ple to burio	njury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITION	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDIT	ON GIVEN IN PAR	T 1(o)
DIVISION OF VITAL RECORDS,	be law re an. has beer permit.	Swsony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	DE IF YES, WERE FIN O CERTIFYING CAU YES [7]	NDINGS USED USES OF DEATH?
F VITA	SICIAN: T ng physici certificate rial-transi	em 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART	[2]
NO	ding ding s cer	or the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	19	21f. LOCATION			
VISIO	G PH offer the	kedo	ME	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
ā	NDING Lar of the Ose os	s mor		220.1 certify that (1) (this haspi		0.0		, to	2, 19.29	, that (I) (we) last
	R ATTEND haspital a haspital a leed for use spt. of Heal	m 21	n.	saw the deceased alive an above, (1) (we) (did) (did no	t) view the bady after death.	19 19 . 0	nd that in (my) (aur) apinian DEGREE	death occurred on the date		ATE SIGNED
	AL DI AL DI Jetoch Ste De	JT: If he		7/	Vielia	un	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		11/12/70
	TO HOSPITAL retained by the TO FUNERAL should be detailed by the State	IMPORTAN		22d. PHYSICIAN'S NAME (TYPE O	ELIPA		SD)	Seton d	>-	, , ,
	S T s	2	23a. (	JURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	_		Burial	11-15-79		Memorial Par		Allegany	r. Md.
	DHMH - 16 50M 7/ (VR A 15 (4))	77	24. FI	NERAL DIRECTOR SCARPELLI FUN	NERAL HOME	28 VIRGII CUMBERLAI	NIA AVENUES NO, MD.	OV P. BY REGISTRAN 256	REGISTRAR'S SIG	HATURE

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D	A		1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 7 9	2	6 4	9 7
	(88)	1		CEASED NAME FIRS		MIDDLE	M. K.	AS1	20. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
	2 1	1			RAH		PALL				4-4	9:07P M
		7	3 SE		4 RACE		5 DATE (		6. AGE (IN YEARS LAST BIRTH	IDAY) IF U	INOER I YEAR	IF UNDER 24 HRS
	rect			FEMALE	WHITTE		OCT	DBER 10 1919	60	YRS		
		97	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	USA	WHAT COUNTRY?	WIDOW		]	ALLEGAN	YY	MD.
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AND 2120	filled in	ag 35	USU,		OME OR OTHER INSTITUTION COUNTY  ALLEGANY	13c. CITY OF TO		134 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 11 HELMAN D	RIVE.L	aVALE,	MD
MARYL	completely	Sy Mine	14. FA	THER'S NAME FIRST BARNEY	MIDDLE	RESNICK		15. MOTHER'S MAIDEN N BERTHA	MIDDLE		MARGÖL	IS
IMORE,	n ond Poges	medicol		VAS DECEASED EVER IN U. ES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU 182-12-1		17 INFORMANT EDWARD PALLS	ADDRES		ALE,MD	.21502
ST., BALT	physici n poper movol.	event, the	1	18 CAUSE OF DEATH IEM PART I. DEATH WAS C.	ter only one couse per AUSED BY: EDIATE CAUSE (o)	Cardiai	o ar	rest				SMIT
PRESTON S	h ce	troumotic		4148 Conditions, if ony, which	DUE TO, C	RASIA CONSEQUE		Embolus			Sinda	len
` ≥		or other tre		gove rise to immedio couse (a), stating the underlying couse los	te DUE TO, O	Congestion	NCE OF	eart Failu	re		24	eeks
RDS, 201	quires signe signe to bur	injury, or	NO	PART 2 OTHER SIGNIFICATION	7.	ontributing to a	foret		MINAL DISEASE OR COND No Vascular ac	ITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS,	he low re ron. hos been if permit. I	18 shows ony	CERTIFICATION	19a DATE OF OPERATION	196 COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO D	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO
OF VIT		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A	OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
IVISION	I 6 6 -	morked or h	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	/AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	И	COUNTY	STATE
٥		21 is mo		22a. I certify that (I) (this sow the deceased afrobove, (I) (we) (did) (d	ve on 11/25	5/ 197	10	nd that in (my) (our) apinia	n death occurred on the do	te and hour ar		hat (I) (we) last ouses stated
	De De	T. If Item		22b. SIGNATURE Richard	& Schin	dler	11	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F AN []	22c. DATE S	,
	etoined by the TO FUNERAL should be detained by the should be detained by the Stote with the Stote	MPORTANI		DR. RICHA		HINDLER		22e ADDRESS	ST., CUMBE		, MD.	21502
1	P P P ₹ 3	<u> </u>	230 8	URIAL, CREMATION, REMO BURIAL	236. DATE	1979 EA	STVIE	EMETERY OR CREMATORY W CEMETERY	CUMBERTANI	ALLEG	ANY MA	RYLAND
	HMH - 16 50M 7/7 (VR A 15 (4))	7		INERAL DIRECTOR LSURE-STEIN F	UNERAL HO	ME, INC. CU	BALT MB, ME	IMORE AVE 250. DA	A CON 2 SEGISTION OF THE SEGISTION OF TH	Sb. REGISTRA	r's signatu	Personly

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	FOR STATE REGISTRAR		DI	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 7	9 2 REG. NO.	6 4.	98
	I. DECEASED NAME (TYPE OR PRINT)	FIRST ANNA	BELLE		AND			DAY YEAR	2b HOUR
					AND	6 AGE (IN YEAR	BER 1, 197	IF UNDER I YEAR	12:30 PM
	3. SEX Female		White	5. DATE O	°26 1537	41	YRS.	MONTHS DAYS	HOURS MIN.
8	70 BIRTHPLACE ISTATE OR FO COUNTRY)	REIGN 7b.	U. S. A.	MARRIED WIDOWEI	NEVER MARRIED		LEGANY CO		MD.
2	Cumberland	TH 11.	NAME OF HOSPITAL,			12a USUAL OC	CCUPATION  OR MOST OF WORKING LI	FE) 126. KIND C	Bewife
100	USUAL RESIDENCE (IF NURSI 130. STATE Md .	13h COUNTY			134 INSIDE CITY LIMITS?		Patt St.	Luke Mo	d.
1	14. FATHER'S NAME Harmon	MIDE	Be	fison	15. MOTHER'S MAIDEN NA Bonnie		MIDDLE	B	rumback
	168. WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARME (# YES, GIVE WA		1 SECURITY NO. 34-2015	17. INFORMANT Mr Rob	ert Pola	and Pratt	St Luk	e Md.
		nediate g the last	DUE TO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTION CONTRIBUTION	NSEQUENCE OF	bul un DI	song n	elar - velar les.	VEN IN PART I	(0)
	190 DATE OF OPERAT	ION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOP	IN CERTI	S, WERE FINDII FYING CAUSES ES []	
	OR CONTRIBUTION C	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M. •	TH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATU	RE OF INJURY IN ITEM 18, I	PART 1 OR PART 2}	
	(IF EITHER, NOTIFY MEDIC)  21d INJURY OCCURR  WHILE NOT WH AT WORK AT WO	IILE (T)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	saw the decease	d alive an	ottended the deceased	19 79, on	d that in (my) (our) opinion	2, to	on the date and hai		
_	22d PHYSICIAN S NA	WE (IVE OF DE		eur	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	11-	-1-79
	J. N. ME	HANNA,	M.D.		909-B SETON			ID, MD.	21502
	230. BURIAL, CREMATION,	REMOVAL	11/1/79	Philo	METERY OR CREMATORY	23d. LOCAT	Wes <b>tern</b> po	ort Alle	egany Md.

MD.21562

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250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S

BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

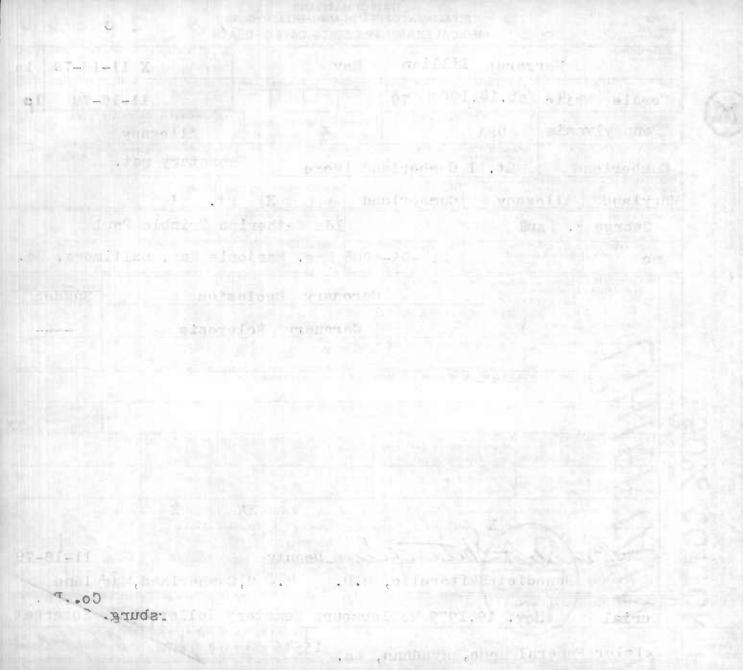
14 FUNERAL DIRECTOR HOME

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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.		
		CEASED NAME E OR PRINT)	ROSE	M. Mary	RIC	AST E	NOVEMBER		1979	26 HOUR 5:05P
	3 SE	× Female	4 RACE	ite	5. DATE C	F BIRTH  24, DAY 1902 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
35	Jo Bi	IRTHPLACE (STATE ORF	OREIGN 76 CITIZI	EN OF WHAT COUNTRY	(2 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD
50	10. C	ITY OR TOWN OF DEAUNIE	ATH 11. NAA	ME OF HOSPITAL, NURS OT INSUCHEACHITY GIVE STRE MEMOR I AL		ROTHER INSTITUTION TAL	126. KIND C INDUSTRY Own H	one		
er must be	13a :	arvland	ing home or other install 13b COUNTY  Allegan	13t. CITY OR TO Cumberl	WN	13d. INSIDE CITY LIMITS? YES IN O	13e. STREET ADDRESS 219 Map	le St		
0/10min	14. FA	ATHER'S NAME John	Maffley	LAST		15. MOTHER'S MAIDEN NA. FIRST Anna M	MIDDLE		ŁAS	51
event, the medical	- (	WAS DECEASED EVER YES, NO OR UNKNOWN) <b>NO</b>			CURITY NO.	Mrs. Doris	Abe, Cumber		Md. Da	ughter
ury, ar ather traumatic	7	Conditions, if ony gove rise to im- couse (o), stati- underlying couse	, which mediate and the DUE	TO, OR AS A CONSEO  (b)  TO, OR AS A CONSEO  (c)  ONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GI	VEN IN PART 1	01
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Item 18 shows	MEDICAL CER	210, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH HO	TIME OF INJURY JUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN ME	Y IN ITEM 18,	PART I OR PART 2)	
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PORTANT: #		DR. W.	GUY FISC	cus	<u> </u>	PHYSICIAN [	DRIAL HOSP	ITAL	MED (C)	

23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL DIRECTOR. etained by the haspital

O HOSPITAL

should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

230. BURIAL, CREMATION, REMOVAL (SPECIEV)

24 FUNERAL DIRECTOR
NAME James F. Scarpelli, Cumberland, Md.

11-23-79

23b. DATE

Greenmount Cemetery Cumberland, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAS S

23d. LOCATION

STATE

COUNTY

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FOR

REGISTRAR

24. FUNERAL DIRECTOR

NAME SCARPELLI'S FUNERAL HOME

DHMH - 16 50M 7/77

(VR A 15 (4))

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20 DATE OF DEATH

YEAR

DAYS

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

COUNTY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Allegany.Md

Cumberland

22c. DATE SIGNED

CUMBERLAND. MD.

STATE

YES

IN CERTIFYING CAUSES OF DEATH?

1979

26 HOUR

HOURS

126. KIND OF BUSINESS OR

Grocery

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

12:30A

IF UNDER 24 HRS

LAST

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CUMBERLAND, MD

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AUGUSTO FIGURIOR, H.D.

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GX.	1-	STATE REGISTRAR	, or		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	
(IVI)	I. DE	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
A 11		KUIT	ELIZABET		BERTSON	11	10 79 9:20 <sup>A</sup>
ge 4 me ector p	3. SE)	Female	White	5 DATE (		6. AGE (INYEARS LAST BIRTHDAY) 74 YRS	
deoth. Podeoth. Podeo	7a. Bii	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COL	WIDOWI		9 BALTIMORE CITY OR COUNT ALLEGANY COUNT	
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ND 212 24 hour 24 hour wild be f	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	13d. INSIDE CITY LINUTS?	13. 1129 APPRETIES	
within within d 2 sho	14. FA	THER'S NAME FIRST	MIDDLE . L	AST	15 MOTHER'S MAIDEN NA	ME S.W. Bowling	LAST
comple		Ralph	Str	ouse	Betsey		Jeffries
BALTIMORE, cote be execut of copers. Pages 1 wol. it, the medical		VAS DECEASED EVER IN U.S. AF res, no or unknown) (1F yes, giv	RMED FORCES? 166 SOCIA	AL SECURITY NO.	Mr.John Ro	bertson Cumb	erland, Md.
ST., BAL1 ertificate   g physicic son popers removol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), ED BY: TE CAUSE (o)	3thol	u		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S he death cer he ottending emove carbo motion, or re		4292 Conditions, if ony, which	DUE TO, OR AS A COL	MEGNENCE PE	) à A	fib	Nea
. + + - 0 0		gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A COM	NSEQUENCE OF			
			(c)CONDITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT REPATED TO THE TERM	NINAL DISEASE OR CONDITION (	GIVEN IN PART 1(o)
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RECC os be os be os min me prid ws on j	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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ON OF VIII		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR			
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the other this certificate has been signed to sthe buriol-tronsit permit. Then plee the ond Mental Hygiene prior to buriol forked or them 18 shows ony injury, or the buried or them 18 shows ony injury, or the buried or them 18 shows ony injury, or the buried or them 18 shows ony injury, or the buried or them 18 shows ony injury, or the buried or them 18 shows ony injury.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN ord or TOR: Af- or use o or use o or use o		220 I certify that (I) (this hosp sow the deceased alive or	ot view the body ofter death		nd that in (mg) (our) pinion	death occurred on the date and l	nour and from the couses stated
OR AT DORECT DORECT DOPPT.		22b. SIGNATURE	ot) view the body offer death		DEGREE		22c. DATE SIGNED
SPITAL O		116	1mg			DIRECTOR PHYSICIAN	11/11/75
TO HOSPITAL ( retoined by the TO FUNERAL L should be deto with the Stote ( MADORTANT; If		22d. PHYSICIAN'S NAME (TYPE			27e. ADDRESS		
TO FUN should b with the	730 5	DR. R. ESPI		1234 NIAME OF C	EMETERY OR CREMATORY	CUMBERLAND M	D, 21502
ВР	230 (	Burial  Burial	11/12/79		ial Park	Frostburg	A. Md.
DHMH - 16 50M 7/77	24. FI	JNERAL DIRECTOR		PRESS		E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VR A 15 (4))	E	ICHHORN FUNERA			D. NO	V1 4 1979 R	to bealine

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11-	FOR STATE				MENT OF H	EALTH		ENTAL		1	)	2	6	5 0	4
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3. SE	x Ma le	4 RACE White	5. DATE OF BIRTH	4	6. AGE (IN YEAR LAST BIRTHDAY 36 YRS	S IF UN		IF UND	ER 24 HRS.	DEATH	MATED NCED <b>1</b>	L-15	NTH C	1245-7	9 a m
F	IRTHPLACE (Soreign country)  Maryl	and	76. CITIZEN OF V	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WILLIAM NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY								OF DEATH	MD.		
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160.	YES, NO, OR UNKN	1964	-1967		IAL SECURITY	NO.	Mrs.		nna I	. Rob	ey C		ptow	n, Md.	
	PART I D	DF DEATH (Enter onl EATH WAS CAUSED IMMEDIAT	D BY: TE CAUSE (o)		K		ured	неа	rt			7		BETWEEN ONSE	T AND DEATH
7	gave r	ons, if ony, which ise to immediate storing the under-	(b)		SEQUENCE OF	rus	ned (	Ches	t					H	
K	PART 2 OTNER S	USE TOST.	(c)CONTRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERMIN	AL OISEASE	OR CONDITIO	ON GIVEN IN	PART 1 (a).			***			
CERTIFICATION	196. DATE O	F OPERATION	19b. COND	ITION FOR V	WHICH OPERA	TION W	AS PERFOR	RMED?					2	20 AUTOPSYT	? No []
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	FOR STATE			DEPARTMENT O	HEALTH	MARYLAND H AND MENTAL H		26	5 0	
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3. S	EX M	White	5. DATE OF BIRTH MONTH DAY Apr. 15,	6. AGE (IN	VELOC TE LIA	NDER 1 YR. IF UNDER	DEATH MATED  24 HRS. 26. DATE  PRONOUNCED  DEAD	MONTH DA 11 2	Y YEAR	
5	BIRTHPLACE FOREIGN COUNTR Maryla	nd	76. CITIZEN OF W	76. CITIZEN OF WHAT COUNTRY?  United States    S. MARRIED   NEVER MARRIED   S. SALTIMORE CITY OF Cumberlain   Cumberlain						
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	ary land		me or other institution, G	CUMBET1XY		13d. INSIDE CITY LIMITS? YES NO	302 FA LERES t.	Cumberl	erland, M	
	FATHER'S NAME FIRST Edw	ard A.	Roby	LAST		15. MOTHER'S MAIDE Naomi r	MIDDLE		LAST	
160	WAS DECEAS (YES, NO, OR UNK) Yes	SED EVER IN U.S. NOWN) (IF YES, (	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	Mrs. R.	Laverne Liver		Siste timore	
	gave cause	tions, if any, where to immed (a) stating the uncourse lost.	(b) (b) DUE TO, OR	R AS A CONSEQUENCE  Port  R AS A CONSEQUENCE	of Of	irrhosis			48 ho	
z		R SIGNIFICANT CONOITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (a).		a legal	
IFICATION		OF OPERATION		DUT NOT RELATED TO THE TE			RT 1 (a);	20.	AUTOPSY?	
CALCERTIFICATION		1.13	19b. CONDI	TION FOR WHICH OPI F INJURY 1. MONTH DAY YE	RATION W	/AS PERFORMED?	RT 1 (a).  D (ENTER NATURE OF INJURY IN ITE)		AUTOPSY?	
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GEORGE 202 GREEN ST., CUMBERLAND, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8 9 9	e e		RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
to a t	7/		nnsvlvania	U.	S.A.	WIDOW		ALLEGANY	COUNTY		MD.
1 1	9	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
D 25	101	C	umberland		HEART HO		L	Houseke		#10031K1	
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5 - E	-	-					I Mrs. Shirley	SILLEI			MATE INTERVAL ONSET AND DEATH
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	s ou	FIC	176 DATE OF OPERATION	198 CON	IDITION FOR WHICH	OFERATIO	IN WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
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the bu	ā	MEDICAL	21d. INJURY OCCURRED	21e. PLAC (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE .
os th	morked	1	WHILE NOT WHILE AT WORK								
OR: A	ž E		22a I certify that (I) (this ha		the deceased fram_		. 19	, to		9	that (1) (we) last
5 4 5	7.		saw the deceosed alive abave, (I) (we) (did) (did	nat view the bac	dy after death.		nd that in (my) (our) opinion	death occurred on th	e date and hour	and fram the	causes stated
ched	±e±		22h SIGNATHER	1.			DEGREE	/		22c. DATE	SIGNED
0 0	±	1	17/1	lang.	occom	10	ATTENDING PHYSICIAN		SICIAN	11-1	15-79
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ifter o	3 5	Male	4 RACE White		of BIRTH bt. 14 1924	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
Z Sugar	11	BIRTHPLACE ISTATE OR FOREIGN COUNTRY!	76 CITIZEN OF WHA	T COUNTRIES	D KNEVER MARRIED		R COUNTY OF DEATH	
Potified of		UMBERLAND	11. NAME OF HOSP (IF NOT IN SUCH FACIL			178. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF FOREMAN	F WORKING LIFE) INDUSTRY	OF BUSINESS C
d 2 should be	SM	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUD ALL ATHER'S NAME FIRST	100	RESIDENCE BEFORE ADMISSION) CITY OR TOWN umberland LAST	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS 609 Brooks	field Avenue	
Pages I and medicolexam	16a	arl Shipley WAS DECEASED EVER IN U.S. A (IFYES, NO OR UNKNOWN) (IFYES, GI WW I	VE WAR OR DATES)	SOCIAL SECURITY NO.	Gertrude  17. INFORMANT IT'S E Jean S. Shi	ADDRE		Wife
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been signed by the atter mit. Then please remove e prior to burial, cremation, any injury, or other traum	CATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUENCE OF  A CONSEQUENCE OF  IBUTING TO DEATH BUT  I FOR WHICH OPERATION		MINAL DISEASE OR COND	20b. IF YES, WERE FIND	INGS USED
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(M)			CEASED NAME FIRST	MIDDLE	LAS	ī	20. DATE OF DEATH		DAY YEAR	26 HOUR
(M)		1	CLA	RIBELLE	SIPE	S	NOVEMBER	13,	1979	5:30P
		3. SE	X	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR	(YADHT)	IF UNDER 1 YEAR	IF UNDER 24 H
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by pysicion and completely filled in by	35	Ma	ryland Al	ne or other institution, give reside ounty  legany Litt	le Orlean		Rt. 1 Box	9		
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TAL OK yy the h RAL DIR detoche	NT: If the		White.		MD, AB1	ATTENDING PHYSICIAN	DIRECTOR   PHYSIC		22c. DATE S	SIGNED
HOSPI foined b	APORTA		DR. NAGARA	TNAM RANJITH	PLANT HEAD	MEMOR	RIAL HOSPI			BLD
O pe O pe	3 <	73a F	SURIAL CREMATION REMOV	VAL TOOL DATE	TOO NAME OF CEA	AFTERY OR CREAMATORY	1234 LOCATION		7,707	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

236. DATE

MARYLAND 21502

23d. LOCATION
Rt 1 Hancock Wash. 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Md. St. Pauls Lutheran FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURED

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MADVIAND

126 KIND OF BUSINESS OR INDUSTRY. Retail

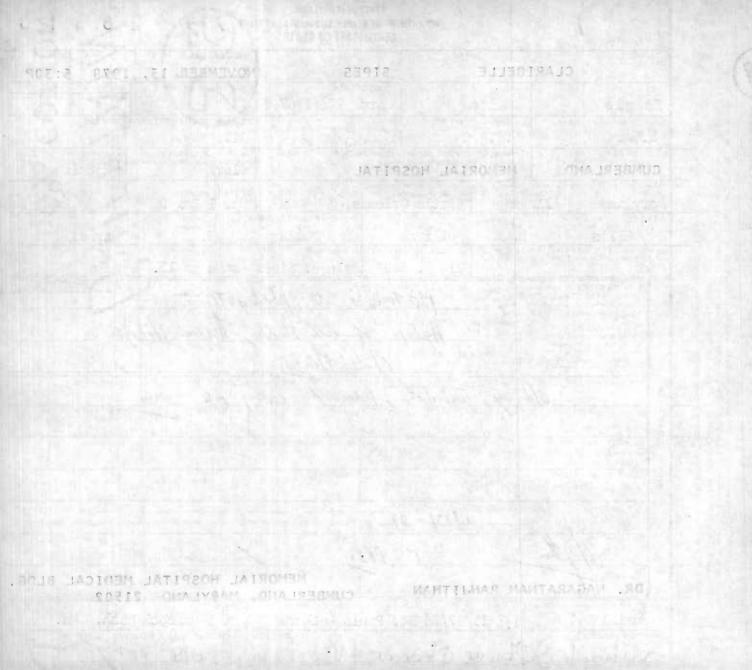
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HHS

MEMORIAL HOSPITAL MEDICAL BLDG.

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30 1	IRTHPLACE (S DREIGN COUNTRY) Marylan	d	76. CITIZEN OF WI	Α.	WIDO	WED	VER MARRIED DIVORCED	X	egany	INTY OF DEATH	
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130 S	al residence state cryland		or other institution, GI NTY <b>egany</b>	131 CITY OR TOV Cumberl	and,	13d. INSIDE O	ITY LIMITS? 136	STREET ADDRESS 527 Rose	. Hill A	we.	
)// 14. E/	Josep	h	MIDDLE	Smith		Ro	ER'S MAIDEN N	MIDDL	E	Hall	
	WAS DECEASE YES, NO. OR UNKNO NO.	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC 220-10-		Mrs.	Rose L	ee Rhoads	, 550 Cu	mberland lose Hill	Md. Ave.
	18. CAUSE C	EATH WAS CAUSE	nly one couse per line D BY: TE CAUSE (o)	for (o), (b), and (c)	COR	NARY	occlus				TE INTERVAL
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	deoth result	Research Note	prol causes XX.	etarel	Suicide L	TITLE (S	SPECIFY)	Indetermined mann		TE 11/27/	79
2	CICALATION										
2	EXAMINER'S	NAME Ben	edict Ski	tarelic,	м. D.	_ADDRESS_	Kt. # 9	Cumberla	ınd, Md.	21502	

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1	1 -	STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. NO.	0 3
		CEASED NAME FIRST HAR	RY L. SF	PIKER	NOVEMBER 14,	1979 7:20
rs office	3. SE)	Male	* RACE White	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 74 H
25	7a BII	RTHPLACE (STATE OR FOREIGN Md	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	Y OF DEATH
5/		UMBERLAND	11. NAME OF HOSPITAL, NURSIN	ADDRESS MEMORIAL	120 USUAL OCCUPATION (TYPE PE WORK FOR MOST OF WORKING LO	126. KIND OF BUSINESS
0 0	J3a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY CONSCIUNATION LONGON		30 STREET ADDRESS Stat	e Street
ex omine	14. FA	William	Menry Spike	or Winif	red MIDDLE P	olandası
medical	16a. ₩ (Y	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?  16b. SOCIAL SECU- 208-07		s Spiker Lonac	oning, Md.
nsit permit. Then please remove corb rgiene prior to buriol, cremotion, or r shows any injury, or other troumatic	CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (STATE OF OPERATION)	CONDITION FOR WHICH	) justile and 149	IN CERTIF	S, WER FINDINGS USED TYPING CAUSES OF DEATH?
-	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH DATE OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18, F	The state of the s
Dept of Hec		sow the deceased alive on	ital) attended the deceased from 19 th view the body after death.	, and that in (my) (aur) opin  DEGREE	G MEDICAL STAFF	p pull-on the course stated  22c. DATE SIGNED
should be det with the State IMPORTANT:		22d. PHYSICIAN'S MAME TIPPE	OR PRINT)	DIADTI. PHYSICIAN	N DIRECTOR DHYSICIAN DEMORIAL MEDICA	L BLDG.

STATE OF MARYLAND

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3. SE	x Male	White	June 4,	1 Off LAST BIRTHD	ARS IF UN AY) MONTE RS.		UNDER 24 H	The second second	Nov. 10	DAY YEAR 19
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	Cumber Cumber	land	DOA N	OSPITAL, NURSING HOM MACRITY, GIVE STREET ADDRESS) MEMOTIAL HOS	pital	er institutio		USUAL OCCUPATIO FOR MOST OF WORKING LI B LITED	ON (TYPE OF WORK	Railroad
13a. S	AL RESIDENCE TATE TYLAND	(IF IN NURSING HOM	AE OR OTHER INSTITUTION. UNTY BEANY	GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Cumberlan		13d INSIDE CITY YES	LIMITS? 13e.	STREET ADDRESS Route 4, E	Box 59 0	oldtown Ro
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16a. \	ES, NO, OR UNKNO	OWN) (IF YES, G	ARMED FORCES? IVE WAR OR DATES)	16b. SOCIAL SECURIT		Mr. D		Squires, C	DDRESS Cumberla	and, Md. So
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PAGE PAGE PAGE 301		Midla	<b>n</b> d	11. NAME OF HOS	Ch Sing	tree	t	ER INSTITUT		HOUSEWIT		0R INDU	BUSINESS STRY
F ANY DELAY AND 3 TO TH RETAIN PACHOULD BE FILE RECORDS, 30	USU/ 13a. S	TATE Md	(IF IN NURSING HOME OF	or other institution, given by gany		BEFORE ADMISS	ON)	13d. INSIDE CIT	NO (3)	streehurech	Stree	t	
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HIN 24 HOURS AFTER IN ITEM 18. GIVE PA R ALONG WITH FOIL STERMIT. PAGES 1 HYGENE, DIVISION VAL.		18. CAUSE C	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per line D BY: ( TE CAUSE (a)	for (a), (b	nary	Occl	usion				APPROXIM BETSEL	AATE INTERVAL
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TO MEDICAL EXECUTE THE CPAGE 4 SHOULD TO FUNERAL I AFTER DEATH, BALTIMORE, MY		EXAMINER'S (TYPE OR PRI	NAME Bene	dict Sk				ADDRESS		Cumberla	nd, Md	21502	
Bb A D A A B	(:	Bur	ial ion,REMOVAL	11/10/		St.An	n Ce			Vilton	G.º		I date
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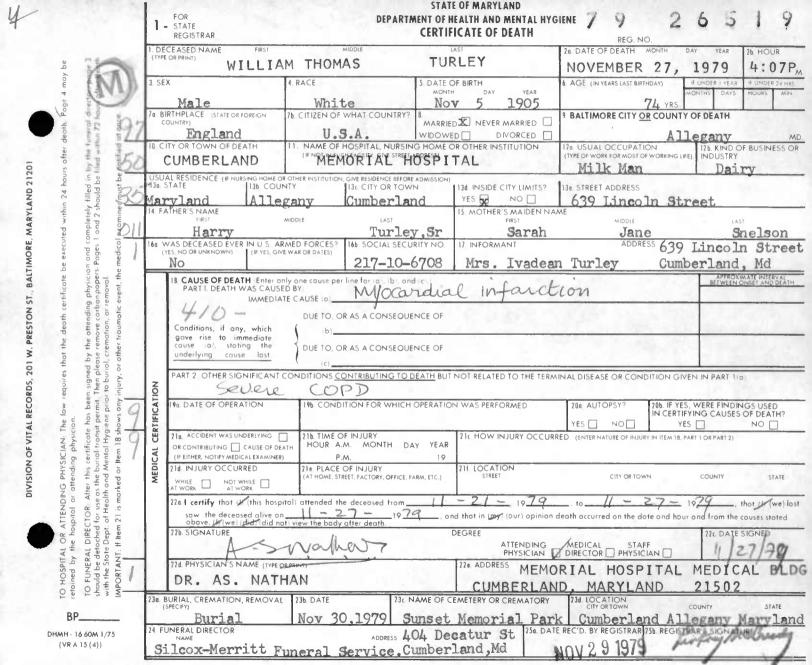
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME Dr. Howard L. Tolson TYPE OF PRINT O WHEC 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH DAY DAYS Male American 7a BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY NEVER MARRIED U.S.A. Maryland Allegany County. IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Cumberland Nursing Home TYPE OF WORK FOR MOST OF WORKING LIFE)
Physician Private Cumberland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 885 Braddock Road Maryland Allegany Cumberland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Howard L. Tolson FIRST Margaret Eyring 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-40-3177 Mrs. Eleanor Lowery, N. J.-Daughter War I RE CAUSE OF DEATH Enter only one couse per probraged thrombosis, left medial corePART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE TO bral arteries, with complete right hemi days DI OPIA Recurrent small stroke syndrome gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Chronic brain syndrome vears CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION urinary retention and indwelling catheter -206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO F Hyge 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER P.M 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) Michael Mittended the deceased from 12 November 19 saw the deceased alive an 6 November 19 79 ond that in (my) Kulk opinion death occurred on the date and hour and from the causes stated above, (1) (with 1000) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ed Von Olmer, w.D ATTENDING MEDICAL STAFF
PHYSICIAN TDIRECTOR PHYSICIAN + FUNERAL uld be deta November 179 MPORTANT Hospital Medical Bldg. W. Alfred Van Ormer, M. Cumberland, MD 21502 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 11-9-1979 Hillcrest Burial Park Cumberland, Allegany, Md 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 "James F. Scarpelli, Cumberland, Md. (VR A 15 (4))

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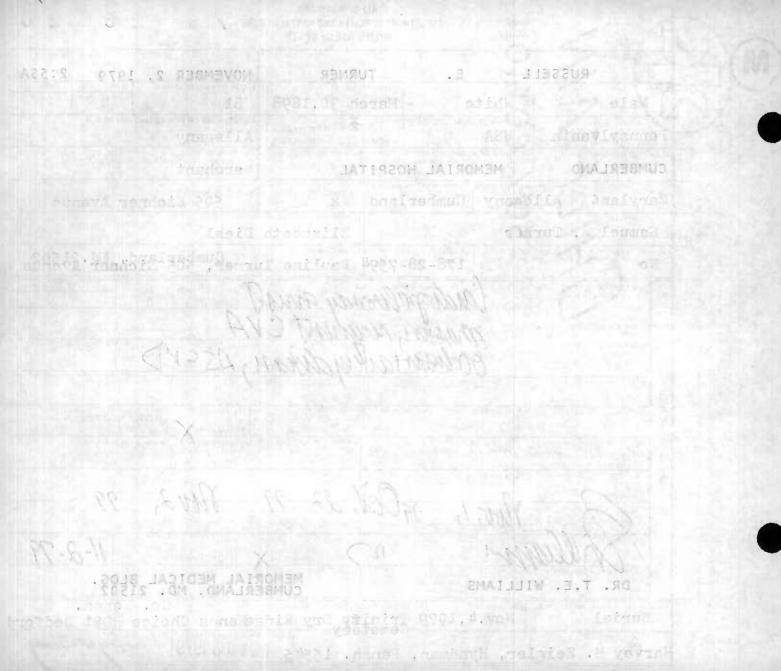
6	4	1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 6 5 1 8  CERTIFICATE OF DEATH  REG. NO.						
	N. St.		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	26. DATE OF DEATH		YEAR 26. HOUR	
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10	s ofter d	1	ry or town of DEATH mberland				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IND	126 KIND OF BUSINESS OR INDUSTRY Paper Industry	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in hould be in	13a S	Va. Min	R OTHER INSTITUTION GIVE RESIDENCE BEE	ORE ADMISSION	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS Beryl, W.V			
	completely s I and 2 s		THER'S NAME Ernest T	Metcalf Metcalf		Beluah	WIDDLE	Gen	try	
	n and co	{Y	(AS DECEASED EVER IN U.S. AF es, no or unknown) (IF yes, Giv 170	RMED FORCES? 166 SOCIAL SECULAR SOCI		Donald Tram	addre um Beryl W.V			
	requires that the death certificate as signed by the attending physic. Then please remove carbonpape or to burial, cremotion, or removal injury, or other troumatic event, the	ION	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost	DUE TO, OR AS A CONSEO  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN F		
	he law ion.  hos been if permit iene price	CAL	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?	
	tending physici tending physici the build-transit and Mental Hygi and Mental Hygi ed or Item 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER, NOTIFY MEDICAL EXAMINER 21d, IN JURY OCCURRED		19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR			
	TO HOSPITAL OR ATTENDING retained by the hospital or of TO FUNERAL DIRECTOR: After should be detached for use as 1 with the State Dept of Health of MAPORTANT: If hem 21 is mark		22a. I certify that (I) (this hasp	of) view the body after death.	79	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 126 ADDRESS	death occurred on the do	220	9, that (I) (we) lost come the causes stated c. DATE SIGNED	
	TO HOSPITAL retained by 1 TO FUNERAL should be det with the Store IMPORTANT;	23a B	JOHN M. MEHAN URIAL, CREMATION, REMOVAL PRECIPITE & L.	L VIII DATE 23		909-B SETON CEMETERY OR CREMATORY C Mem. Gardens	DRIVE CUME 23d LOCATION CITY OR TOWN Keyser	BERLAND, Mineral	MD. 21502 W.Va. STATE	
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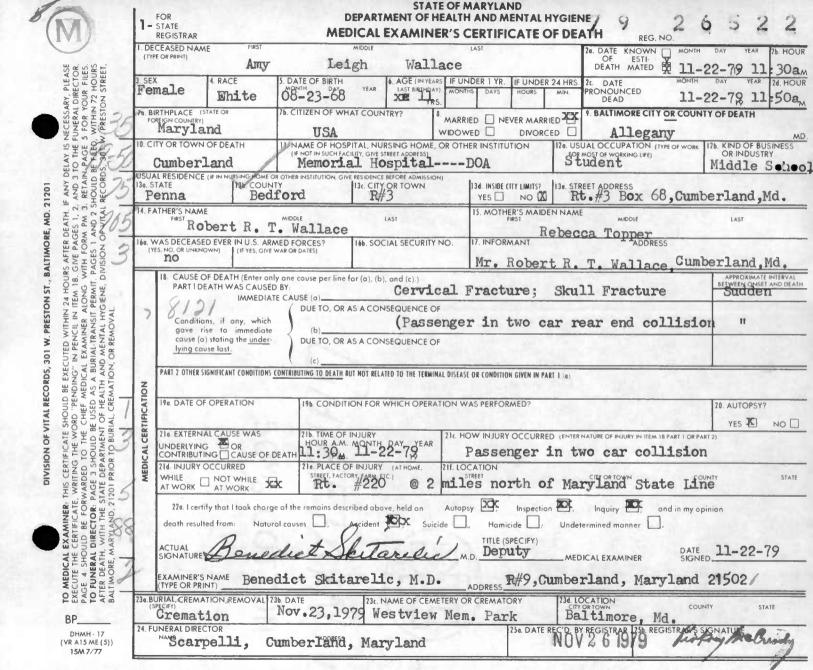


NAME JAMES F. SCARPELLI CUMBERIAND, MD

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ompletely ond 2 sh		ATHER'S NAME WILLTAM	C.	WALSH	57	15 MOTHER'S MAIDEN NAME FIRST CAROLYN	MIDDLE	Z.	INK
ote be execut ysicion ond co ppers. Pages 1 vol.	160.	WAS DECEASED EVER IN U.S. AI YES, HOOR UNKNOWN) (IF YES, GIV	E WAR OR DATECT	114-07-5		CAROLYN L. M	ADDRE C GREEVY.CU		MD.
res that the death certifical need by the ottending physical pressure carbon pourial, cremation, or removoly, or ather troumatic event,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	(b) L DUE TO, OR A	AS A CONSEQUE	NCE OF	OXE PRO CO	7 7	ICTED_S	ART 1(a)
NG PHYSICIAN: The low require of the reduced by the restriction of the	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO []
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TTENDIN pital or TOR: Af for use o of Health		22a I certify that (I) (this hosp sow the deceased olive or above, (I) (we) (did) (dld n			9 ,01	7 , 19 7 9 and that in (my) (aur) opinion (		ate and haur and from	, that (I) (we) los
TAL OR A y the hos RAL DIREC detoched doto Depted To If them		276. SIGNATURE	dia	N		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAP	FF	DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be deta with the State		URIEL E. VELA		),		924 SETON DI	RIVE, CUMBE	RLAND, MD.	21502
βP	23a.	BURIAL, CREMATION, REMOVAL SPECIFYL BURTAL		23c. N	LUKE	EMETERY OR CREMATORY S LUTH, CEM	CUMBERTAN		
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(VRA 15(4))

FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR INDUSTRY Antique Shop LAST Daughter Miss Mercia M. Wheeler.Spring Gap. Md APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21( HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE \_\_\_\_, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED BMG -SETON DRIVE. CUMBERLAND, MD. STATE 11-17-79 Westview Crematory Baltimore. 256. REGISCIPARIS SIGNATURE SCARPELLI FUNERAL HOME. COMBERLAND. MD. 21502



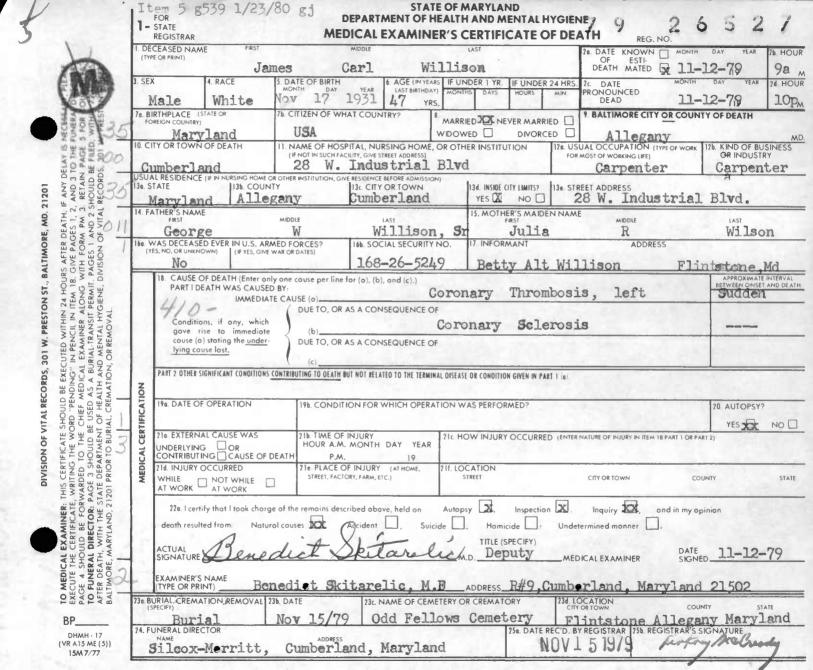
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	LDE	REGISTRAR CEASED NAME	FIRST	MI	MIDDLE	MEK 2	CERTIFICATE		REG. NO.			-
		PE OR PRINT)				7.77	LASI	OF	ESTI-	MONTH DAY		26 HOUR
ı	3. SE		Alex		NMT		stone			11-26-		YEM
ľ				S. DATE OF BIRTH	YEAR LAST BIRT	HDAY) MONT	NDER 1 YR. IF UNDE	MIN. PRONOL	INCED	MONTH DAY	YEAR	2d HOUR
I		Ale	White	Aug.11	VHAT COUNTRY?	YRS.		DEA		26-79	19	9am
	/0. B	Ohio	ATE OR				RIED INEVERMAN	RIED 🔲	MORE CITY OR		DEATH	
_		TY OR TOWN	OF DEATH	U.S.	A . DSPITAL NURSING HO	WIDOV			legany		10.05.0.10	MD.
				(IF NOT IN SUCH!	FACILITY, GIVE STREET ADDRES	(S)		12a. USUAL OCC	ORKING LIFET	0	ND OF BUS R INDUSTR	Y
l	LISII	umber	land	DOA-	Sacred I	deart	Hospita	1 Inspe	ctor	Labor	rator	, <u>A</u>
Į	13a. S	TATE	113b. COUNT	ΓY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS			
	_	arylan		egany	Frost	ourg	YES NO		Welsh	Hill		
	14. 17	ATHER'S NAME		MIDDLE	LAST		IS MOTHER'S MAID		MIDDLE		LAST	101-
-	160.3	Clar	EVER IN U.S. ARA	MED EODCESS	hetstone	DITY NO	HIZE	abeth	ADDRESS	Hal		
1	100 ()	ES, NO, OR UNKNO	WN) (IF YES, GIVE V	WAR OR DATES)							Md.	
=	_	Yes	W.W		298-03-0	0461	Mrs. Ka	athryn W	hetsto		rosth	
l		PARTIDE	F DEATH (Enter ani ATH WAS CAUSED	y ane cause per lin BY:	ne far (a), (b), and (c).)	T	- O - TT - 1		75	BETT	PPROXIMATE I	AND DEATH
		1610	IMMEDIAT	E CAUSE (a)	DACA CONSTOURNED		eft Ventr	cicular	Ruptur	9	Sudd	en_
		Condition	ns, if any, which		R AS A CONSEQUENCE		ft Massa	adial Tw	San La		- 11	
		gave ris	e to immediate stating the under-	(0)	Rupture c		t t Myocar	drar in	rarctio	on	**	
		lying cau		DUE 10, O	R AS A CONSEQUENC		mb wank				1 2	
	10	BAST 2 OTHER CH	CHIEFCANT COMPLETED IS	(c)	Left Cor						4 da	ys
	Z	TAKE Z UINER SR	SHILICANI CONDITIONS	UNIXIBULING TO DEAT	N BUT NOT RELATED TO THE TI	RMINAL DISEAS	SE OR CONDITION GIVEN IN P.	ART 1 (a).				
	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?			120	AUTOPSY?	
1	IFIC											NO [
2	ERT	210. EXTERNA	L CAUSE WAS	21b. TIME C		21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18 PAR		YES X	NO []
9	ALC	UNDERLYING	OR CAUSE OF D		M. MONTH DAY YE	AR						
	DIC	71d INJURY C	CCURRED		M. 19 OF INJURY (AT HOME,	21f. LC	CATION					
	W	WHILE AT WORK	NOT WHILE		CTORY, FARM, ETC.)		STREET	CITY OR TO	NWC	COUNTY		STATE
			AT WORK					Transfer	49	-		
					escribed abave, held an					n my apinian		
		death resulte	d fram: Nature	al causes 🛣 .	Accident .	Suicide	J., Hamicide L.	Undetermined n	nanner .			
		ACTUAL A	Koma	1. t /	6.T.		TITLE (SPECIFY)	7		DATE 7	7 24	57.
-		SIGNATUR	LIXMEA	IEA XX	Ruarol	-CN	Deputy	MEDICAL EXA	MINER	SIGNED	11-26	-19
1	-	EXAMINER'S	NAME BOY	nedict	Skitareli	C	ADDRESS RD	, Cumbe	rland,	Md.	27 502	,
	73a B	(TYPE OR PRIN	ION,REMOVAL 23		23c, NAME OF C		THE DIRECTOR	23d LOCATION	r rand,	Mu.	ع ن ر د ـ	
	(3	PECIFY)		Nov. 29.1				CITY OR TOWN		COUNTY	STA	
	24. F	remat:		10 4 • 27 • T	717 SMI CUSI	ourg C	rematory 250, DATE	REC'D. BY REGISTR	burg. W	ashingt	URE N	ld
		NAME	The e	ADDRES		2	DEC	0 3 1979	P.	6.0		
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Durst Funeral Home, Frostburg, Md

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1-	FOR STATE REGISTRAR			STA DEPARTMENT OF I DICAL EXAMIN		ND MENTAL I		Vu 7	2 EG. NO.	6 5	2 8
1. D	PE OR PRINT)	IVAN		CALVIN	LAS	VILSON	1	OF EST	WN MOI	NTH DAY	YEAR 26 H
3. SE	X		S. DATE OF BIRTH	6. AGE (IN YE)	ARS IF UNDE			2c. DATE	77 79	DAY DAY	YEAR 2d. H
	Male	White	8 - 26	-1897 82	RS. MONTHS	DAYS HOURS		PRONOUNCED DE AD	11/6	1	, 10
	BIRTHPLACE (S OREIGN COUNTRY)	Md	U.S	.A.	WIDOWED		CED		llega	ny	ATH
M	idland	1	(IF NOT IN SUCH FA	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)		INSTITUTION		OSTOEWORKING L		ORK 12b. KIND OR 1	OF BUSINES NDUSTRY
130.	AL RESIDENCE STATE Md	(IF IN NURSING HOME OR	other institution, gr	VE RESIDENCE BEFORE ADMISSION IN THE PROPERTY OF TOWNS	13	d. INSIDE CITY LIMITS? YES NO 🔄		ET ADDRESS			
14. F	Calvi		WIDDIE	Wilson	15	Annie	EN NAME	WIDDLE		Crowe	ST
160	WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S. ARM	ED FORCES? AR OR DATES)	166. SOCIAL SECURITY		Mrw.Mau	de W		Midl	and,	Md.
	18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED IMMEDIATE	one couse per line BY: CO	for (o), (b), and (c).) RONARY OC	CLUSI	ON				APPR BETWE	OXIMATE INTERV
NO	gove ri Lause (o lying cou		(b) DUE TO, OR	RONARY S AS A CONSEQUENCE C			ART 1 (g).				
CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPER	ATION WAS	PERFORMED?					TOPSY?
ALCER		AL CAUSE WAS GOR NG CAUSE OF DI	21b. TIME OF HOUR A.M	MONTH DAY YEAR	21c. HOW	/ INJURY OCCURRE	ED LENTERN	ATURE OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)	
MEDICAL	21d INJURY		21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCA STREE			CITY OR TOWN		COUNTY	ST
2 730.1	220. I certi deoth result		of the remains des	Accident , Sui	Autopsy cide	Homicide ,	Undete	Inquiry X, rmined monner	□. DA	ny opinion  ATE GNED	/6/79

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	1.	FOR - STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	TENE 7 9	265	2 9
	1 DE	REGISTRAR CEASED NAME	FIRST	MIČ	DDLE		ICATE OF DEATH	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
	(TYPE	E OR PRINT)	FRANCE	S	E.	1IW	NTER	NOVEMBER 27	7, 1979	3:19
	3. SE	x Fema		RACE Wh:	ite	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 69 YR	IF UNDER 1 YEAR	HOURS MI
36	7a. B	IRTHPLACE (STATE OR OUNTRY) Md	FOREIGN 76	CITIZEN OF WI		8. MARRIEL WIDOWE	D NEVER MARRIED 15	BALTIMORE CITY OR COUNTY Allegany		G Ey
50		JMBERLAN		I. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET	NG HOME O	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETIPED		OF BUSINESS
35	USU 13a	AL RESIDENCE (IF NU STATE Md	136 ALL	egany	Widla	RE ADMISSION I	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 22		
010	14. FA	ETijah	n MD	DOLE W.	intër		15 MOTHER'S MAIDEN NA ETEANOT		Coor	n's
1		VAS DECÉASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARME		66 SOCIAL SECU	URITY NO.	Mrs. Mari	e Muir Mi	dland,	1'1'd.
		gove rise to in		}		NOT	account the same of the same o	7	i	pear
	IIFICATION	cause (a), state	SNIFICANT CO	NOITIONS CON	Ciscos	ENCE OF  DEATH BUT	N WAS PERFORMED	INCE	YES, WERE FINDERTIFYING CAUSE	INGS USED S OF DEATH?
29	MEDICAL CERTIFICATION	PART 2 OTHER SIC	GNIFICANT CO  ATION  ATION  DERIVING  CAUSE OF DEATH  ICALEXAMINER  RRED  WHILE	196 CONDITIONS CONDITI	NTRIBUTING TO  CLOSED AND ON FOR WHICH  INJURY  MONTH D	DEATH BUT COPERATION OPERATION AY YEAR	ecomoher. N WAS PERFORMED LUM	200 AUTOPSY? 200. IF	YES, WERE FINDERTIFYING CAUSE YES [	INGS USED
29		PART 2 OTHER SIC	GNIFICANT CO  ATION  ATION  NDERLYING  CAUSE OF DEATH ICAL EXAMINER  RRED  WHILE  WHILE  WHILE  WHILE  WHILE  Seed olive on  Seed olive olive olive olive olive olive olive olive olive ol	19b CONDITIONS CONDITI	NTRIBUTING TO  ON FOR WHICH  INJURY  MONTH D  FINJURY  T, FACTORY, OFFICE,  deceosed from	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	216 LOCATION STREET  216 How INJURY OCCURI	Zeef Charles  200. AUTOPSY?  200. IF IN CEI  YES NO CHARLES OF INJURY IN ITEM  CITY OR TOWN  10 11 2 2  death accurred on the date and I	YES, WERE FIND YES, WERE FIND RTIFYING CAUSE YES  18, PART 1 OR PART 2]  COUNTY  19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	INGS USED S OF DEATH?
_		PART 2 OTHER SIC	ATION  ATION  ATION  ATION  CAUSE OF DEATH  CALEXAMINER  RRED  WHITE  WHITE  (this haspital  ssed olive on  ATION	196 CONDITIONS CON 1976 CONDITIONS CON 1976 CONDITION CO	INJURY OFFICE, deceased from	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	216 LOCATION STREET  216 HOW INJURY OCCURION STREET  217 LOCATION STREET  218 ATTENDING PHYSICIAN PHYSICIA	Zeef Charles  200. AUTOPSY?  200. IF IN CEI  YES NO CHARLES OF INJURY IN ITEM  CITY OR TOWN  10 11 2 2  death accurred on the date and I	YES, WERE FINDING CAUSE YES []  IB, PART 1 OR PART 2]  COUNTY  19 7 221. DATE 1 1 / BLDG.	INGS USED S OF DEATH? NO STATE thorp (we) e causes stated
29	WEDICAL WEDICAL	PART 2 OTHER SIC	ATION  ATION  OURSE OF DEATH  ICAL EXAMINER]  RRED  WHILE  WHILE  OMAS  OMAS  F  J, REMOVAL	196 CONDITIONS CON 1976 CONDITIONS CON 1976 CONDITIONS CON 1976 CONDITIONS CON 1976 CONDITIONS COND	INJURY MONTH D  FINJURY T, FACTORY, OFFICE,  deceosed from ter death.	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	216 LOCATION STREET  216 HOW INJURY OCCURION STREET  217 LOCATION STREET  218 ATTENDING PHYSICIAN PHYSICIA	Zeef Chambe  200. AUTOPSY?  200. IF IN CEI  YES NOW  RED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  TO TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN RIAL MEDICAL  RIAL MEDICAL	YES, WERE FINDING CAUSE YES []  IB, PART 1 OR PART 2]  COUNTY  19 7 221. DATE 1 1 / BLDG.	INGS USED S OF DEATH? NO STATE thorp (we) e causes stated

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		Item 8 g538 12  FOR STATE REGISTRAR	/18/79 g		TMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH		2	6 5	3 0	
1		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST	20 DATE OF DEA	G. NO. TH MONTH DA	YEAR	26 HOUR	
1		MEREDITH	M	ARIE	WE	LIGHT		11 05	79	1630	
(M)	3 SE	FEMALE	WHITE  TO CITIZEN OF WHAT COUNTY  USA		S DATE OF BIRTH MONTH DAY YEAR MAY 15 1898  NTRY?  MARRIED  NEVER MARRIED  WIDOWED DIVORCED		8 81		FUNDER I YEAR	HOURS MIN	
9		RTHPLACE (STATE OR FOREIGN OUNTRY)					9 BALTIMORE C	9 BALTIMORE CITY OR COUNTY COUNTY COUNTY			
other d	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  MEMORIAL HOSP			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIJE, 12b KIND OF BUSINESS INDUSTRY HOME,			DE BLISINESS O		
filled in by ould be filled in	USU.	AL RESIDENCE (IF NURSING HOME TATE 13b. COI	OR OTHER INSTITUTION GIVE RESIDENCE			13d. INSIDE CITY LIMITS	? 13e. STREET ADDR	GEPHART	DR		
MARYLAND ed within 24 mpletely filler and 2 should		THER'S NAME FIRST	MIDDLE	Tip:		15 MOTHER'S MAIDEN FIRST Grace	NAME			Barkley	
BALTIMORE, A  ote be execute system and can ppers. Pages 1 c vol. t, the medicale		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE		17 INFORMANT Mr. Frank		DDRESS 2 Gephart	Md	21502	
NECORDS, 201 W. PRESTON  Iow requires that the death or  so been signed by the attendin  bermit Then please remove carb  the prior to burial, cremation, or  vs ony injury, or other troumatic	TION	Conditions, if ony, which gove rise to immediate cause to immediate cause to is stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 189. CONDITION FOR WHICH OPERATION WAS PERFORMED  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED									
	CERTIFICATION	19a DATE OF OPERATION						YES NO NO YES NO			
NG PHYSICIAN: The ottending physicion that this certificate has at the buriol-transit, though wental Hygies orked or Item 18 should whose them 18 should hygies orked or Item 18 should hygies are should hygies.		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINI	EATH HOUR A		DAY YEAR	21¢ HOW INJURY OCC	CURRED (ENTER NATURE C	of injury in Item 18, Pab	RT 1 OR PART 2)		
DING PHYS or ottendir After this e os the bu alth and Ma	MEDICAL	21d_INJURY OCCURRED  WHILE		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE ·	
TTEND or use for use of Heal		22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	n 11-5	19	and oth	nd that in (my) (our) opin			ond from the	that (I) (we) lo	
TAL OR A by the hosp by the hosp better detached to tote Dept.		22% SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11-6-79									
TO HOSPITAL OF HOSPITAL OF FOUNERAL DISHOULD be detacted with the State DIMPORTANT: If		DR PHYSICIAN'S NAME TYPE	AILLIAM!	EL 17	0	122 S	CENTRE ST	CUMB MD	21502		
BP	(	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	11/8/		Hyndmai		Hyndmä	n, Bedfor			
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	wayne George	202 Gree	ene St.	2: Cumberl	502 250.1 Cand, Md. N.	DATE REC'D. BY REGIS	TRAR 25b. REGISTR	AR'S SIGNA	TURE	

FEMALE 1298 81 ANY 15 1298 81 M ACLEGAMY CONTROL N 802 SENARRY OR OUT OUT IN 214 16 2225 A. -- A. P. P. A. 15 B. 122 E E/E/ - LEHR 215.2 The Table of the state of the s